Patrick S. Burchfield, D.D.S., P.C.
4444 Carter Creek Parkway, Suite 101
Bryan, Texas 77802
979/846-7799

Patient Name:_____
Date of Birth:_____

Release of Dental Records

Please provide me or (provider)_____ located at _____ with my dental treatment records, including latest diagnostic x-rays. I understand that the original records and x-rays are the property of Patrick S. Burchfield, D.D.S., and agree to accept copies and pay reasonable fees for such copies.

I have read and understand the above information and any instructions to the same given to me verbally.

_____ _____
Patient/Guarantor Signature Date

_____ _____
Witness Date

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