



Patrick S. Burchfield DDS & Gregory M. Melton DDS

4444 Carter Creek Pkwy Suite 101, Bryan, Texas 77802  
(979) 846-7799

[www.burchfielddds.com](http://www.burchfielddds.com)

**Release of Dental Records**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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