

**DENTAL RECORDS RELEASE**

*Please fill out the following information if you would like our assistance in obtaining any dental records and/or radiographs from another dental/medical provider or fax this directly to your former doctor.*

Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

You are authorized to release my complete dental records and x-rays to:

**MARKET COMMON DENTISTRY**

James E. Mills, DDS & Associates  
1342 Farrow Parkway  
Myrtle Beach, SC 29577  
(843) 293-6700  
(843) 293-6740 fax

**E-mail x-rays to: [info@marketcommondentistry.com](mailto:info@marketcommondentistry.com)**

Print Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
PATIENT'S OR GUARDIAN'S SIGNATURE

DATE: \_\_\_\_\_