



RECORDS RELEASE FORM

Date: _____

Name: _____

Address: _____

Phone: _____

This is a request to release my dental x-rays from the office of:

If digital x-rays are available, please email to: info@kochdds.com

If conventional x-rays are available, please mail to the following address:

Darren G. Koch, D.D.S., P.A.
100 Parkway Office Court, Suite 204
Cary, NC 27518

Thank you for your attention to this matter.

Patient Signature: _____

Witness: _____