

Dental Records Release Form

Patient Name to Transfer: _____

Date of Birth: _____ Phone #: _____

Other Family Members to Transfer: _____

Previous Dentist or Practice Name: _____

Phone #: _____

Please forward any of the following information that you have:
x-rays or photographs to Wake Dental Wellness.

I hereby give you permission to release any and all of my dental records to
Wake Dental Wellness.

Patient Signature (parent of minor)

Date

If records are digital, please email to:
okspit@wakedentalwellness.com

Or mail to:
Wake Dental Wellness
Si Eun Jeon DDS, PA
127 East Elm Ave.
Wake Forest, NC 27587
(919)556-04444
(919)554-9010 Fax
www.wakedentalwellness.com