



Dr. Natalia N. Antley D.D.S.

Release of Records Form

To: _____
Previous Practice Name

From: Carolina Dentistry

This is to request the release of x-rays for the patient listed below.

Please send to: office@carolinadentistrysc.com

Thank you for your attention to this matter.



Please release my records and x-rays to Carolina Dentistry.

Print Patient Name

Date of Birth

Patient signature

COMPREHENSIVE ORAL CARE

CAROLINA DENTISTRY 2329 DEVINE STREET, STE. 2 COLUMBIA, SC 29205
P 803.799.3368 | **F** 803.799.3504 | CAROLINADENTISTRYSC.COM

