



Dr. Brian Swift, DDS
415 South Main Street
Roxboro, NC 27573
Ph: (336) 599-4145
Fax: (336)599-4301

Dental Release Records

Date: _____

Patient Name

Date of Birth

Patient Address

Patient Phone

This patient is requesting that a copy of the dental treatment records and x-rays be released from the following dental office:

Phone: _____

Fax: _____

Please send this information to:

Dr. Brian Swift, DDS
415 South Main Street
Roxboro, NC 27573
Email: info@swiftfamilydentistry.com
Fax: (336)599-4301
Ph: (336) 599-4145

Signature of Patient or Legal Guardian

Date