

LeCroy Dental Arts

Post Office Box 1083. Blowing Rock, North Carolina 28605

Telephone: (828) 295-9603 Fax: (828) 295-9615

DENTAL CHART RELEASE REQUEST

Patient: _____ DOB: _____

Dentist Name: _____ City, State: _____

Please email my dental records, including chart notes and recent x-rays to:

lecroydentalarts@gmail.com

Mackenzie Lecroy, DDS
PO Box 1083
Blowing Rock, NC 28605

Date of last FMX/Pano: _____

Date of last cleaning: _____

Date of last Bitewings: _____

Signature of Patient or Guardian

Date

Relationship

Patient Rights:

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I may refuse to sign this authorization and that my treatment will not be conditioned on signing.
- I understand released information may include a communicable disease diagnosis such as HIV.

*Family Dental Practice
Specializing in General and Cosmetic Dentistry*