

# **M** SCOTT **Matthews** DDS, PA *Cosmetic and Family Dentistry*

306 Darby Avenue • Kinston, North Carolina 28501 • (252) 522-4035

## Dental Records Release Form

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, authorize  
Patient Name/Legal Guardian

\_\_\_\_\_ to release all dental records,  
Name of Previous Dental Provider

X-rays, and other pursuant information to the following:

Scott B. Matthews DDS  
306 Darby Ave. Kinston, NC 28501  
Fax: (252) 522-4797 Email: office@scottmatthewsdds.com

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date