

Arboretum Dental
Suzanne P. Triemstra DDS, PLLC
A. Ryan Stanley DDS, PA
1613 Military Cutoff Rd. Ste 220
Wilmington, NC 28403
910-350-0441

CONSENT FOR RELEASE OF RECORDS

To whom it may concern:

I, _____, do hereby consent to and authorize

Dr. _____ to disclose to Dr. Suzanne P. Triemstra DDS, PLLC, at 1613 Military Cutoff Rd. Ste: 220 Wilmington, NC 28403 information in my dental records, including current and previous dental records from other practitioners, hospitals and/or clinics which are a part of my dental records.

My date of birth is _____, and my social security number is

_____. This information is strictly for purposes of identification.

(Patient)

(Date)

If additional consent is necessary from a person authorized to give consent, other than the patient such as parent, guardian, etc.:

(Signature)

(Relationship to Patient)

Thank you,

Suzanne P. Triemstra DDS, PLLC

Please email to office@arboretumdental.com