## Raleigh Dental James A Whitley DDS and William A Benson DDS 309-181 W Millbrook Rd Raleigh, NC 27609 919-789-0400

## CONSENT TO RELEASE / REQUEST DENTAL RECORDS

I,, do hereby consent and (patient name)	d authorizeto
disclose to Dr. James Whitley or Dr. William Benson i	
previous dental records from other practitioners, hospit	
My date of birth is and my social s	security number is
(Patient date of birth)	(Patient social security number)
This information is strictly for the purpose of identifica	tion.
I also consent to the release of dental records by James event any additional information is needed by my insur	
Patient or guardian signature:	
Print:	
Relationship to patient:	
Date:	
Please send this to:	
James A Whitley DDS 309 W Millbrook Road, Suite 181 Raleigh, NC 27609	
If you have any questions, please call our office: 919-7	89-0400
Copies of the following records are specifically reques	red:

- . Progress notes
- . Letters/Reports to/from Specialist
- . Periodontal Charting
- . Radiographs
- . Medical History Forms