ADVANCED DENTAL CARE
1602 Village Market Blvd SE Suite 130
Leesburg, VA 20175
Phone (571) 455-0466 Fax: (571) 442-8094
Email: Info@adc-leeburg.com

I, _____, authorize _____ to release

dental records and x-rays to_____.

Patient Name:_____
Patient Date of Birth:_____

Please Send Records to:_____.

Additional Records: _____

_____ _____

Signature Date

If this consent is signed by a parent or guardian on behalf of the patient please state the relationship to the patient_____.