Drs. Wes Winslett, Todd Walls, Ashley Basinger, Michael Levine, & Warren Rich
7643 Market Street, Wilmington, NC 28411
Tel 910-686-9802 Fax 910-686-1096
info@winslettwalls.com

RELEASE OF DENTAL INFORMATION

Patient Name: _____ **DOB:** _____

___ Release **TO** Winslett & Walls Dental Excellence
I hereby authorize the release of my dental records to Winslett & Walls Dental Excellence from the following dental practice:

Name of practice: _____

Address: _____

Phone: _____ Fax: _____

___ Release **FROM** Winslett & Walls Dental Excellence
I hereby request that Winslett & Walls Dental Excellence release my dental records to the following dental practice:

Name of practice: _____

Address: _____

Phone: _____ Fax: _____

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information.

Notice of Privacy Practices: You have the right to read our Notice of Privacy practices before you sign this consent.

I, _____, have had full opportunity to read and consider the contents of this consent form.

_____ _____
Signature of patient/guardian/representative Date