

North Aiken Dental

1466 Columbia Hwy N.
Aiken, SC 29801
803-649-9899

I, _____, respectfully request the release of all my records that you have on file to the office of North Aiken Dental, LLC from the office below. Please forward any x-ray images to:
northaikendental@att.net

Patient: _____

Date of Birth: _____

Address: _____

Telephone: _____

Records released form the office of:

Dentist: _____

Address: _____

Telephone: _____

Thank you for releasing my records to North Aiken Dental, LLC.

Signature: _____

Date: _____