

Lois James D.D.S.
17 N. Atlantic Ave., Ste. 4
Ocean View, DE 19970
302-537-4500

Dental Records Release

You are authorized to release my dental records to:

Lois James D.D.S.
17 N. Atlantic Ave., Ste. 4
Ocean View, DE 19970

Or

molarbiz@live.com

Patient's Name: _____

Signature: _____ Date: _____

Witness: _____