



Patrick S. Burchfield DDS & Gregory M. Melton DDS

4444 Carter Creek Pkwy Suite 101, Bryan, Texas 77802
(979) 846-7799

www.burchfielddds.com

Release of Dental Records

Patient Name: _____ Date of Birth: _____

Please provide me or (provider) _____ located at _____
_____ with my dental treatment records, including latest diagnostic
x-rays. I understand that the original records and x-rays are the property of Patrick S.
Burchfield, D.D.S., and agree to accept copies and pay reasonable fees for such copies.
I have read and understand the above information and any instructions to the same given
to me verbally.

Patient/Guarantor Signature

Date

Witness

Date



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