



## Release of Records

**Thank you for completing your patient registration form. Please complete the Release of Records form below!**

I authorize

Name of Dentist or Dental Practice \*

to release my dental records to Dr. Gregory Goding of Pineland Family Dentistry.

Email address: [info@pinelanddentistry.com](mailto:info@pinelanddentistry.com)

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

I authorize this  
release of dental  
records.

Patient/Parent/Legal Guardian

**Submit**

Your information will be encrypted.