

AUTHORIZATION TO RELEASE RECORDS AND X-RAYS

Requesting records from:

Doctor: _____

Address: _____

Authorized to release records and x-rays to:

Doctor: Gary D. Oyster, DDS.
Aaron Tropmann, DDS.,PA.
5621 Departure Drive
Suite 109
Raleigh, NC 27616
(919) 876-2087
(919) 981-0382 –Fax
e-mail = frontdesk@raleighteeth.com

Patient information:

Your name: _____ Date of Birth: _____

Address: _____

Patient Signature _____ Date: _____