

Riccobene Associates Family Dentistry DDS, PA
8203 Market Street
Wilmington, NC 28411
910-795-1287

Authorization for Release of Dental Records and X-rays

Date: _____

I, (print patient or guardian name) _____, hereby
authorize the doctors and staff of Riccobene Associates Family DDS, PA to
release records or knowledge concerning my dental health to:

Full Dr. Name _____
Street Address _____
City, Zip Code _____
Practice Telephone number: _____
Practice Email Address: _____

Name of Patient (if minor) _____

Signed (patient or guardian signature) _____

Printed name (patient or guardian name) _____

Reason for release: _____

**Please complete this form and email to PorterNeckPC@BrushAndFloss.com. In
accordance to North Carolina law, all original records remain the property of
Riccobene Associates, DDS, PA but patients are entitled to access to copies of all
records.**

Records Transfer Instructions (Please read carefully in order to avoid delays)

We require **governmental identification** before releasing any patient records.
Acceptable government issued identifications are a current North Carolina
driver's license, a North Carolina ID card or a US Passport. **Please make a copy of
front and back** of your identification and **fax it along with your records transfer
request**. Please **do not walk into the office without prior notification to obtain your
records**. Due to our busy schedule, it is difficult to produce records on an
immediate basis and we ask that this courtesy be given to both the staff and our
patients who are in the office. It usually takes from three days to a week to have
records duplicated and another three to seven days for the US mail to get to
your new dental office. Records are not duplicated on Fridays.