

CYNTHIA N. ELDERKIN, D.D.S., P.A.

---

8015 Creedmoor Road, Suite 202  
Raleigh, NC 27613  
PHONE: (919) 847-8747  
FAX: (919) 847-8747  
Email: info@cynthiaelderkindds.com

**AUTHORIZATION FOR RELEASE OF DENTAL RECORDS**

PATIENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

By my signature below, I hereby authorize and request you to release copies of my dental records. This authorization includes consent for the release of alcohol, drug, psychiatric and psychological information; and any information relating to HIV Testing, AIDS and any AIDS-Related Syndromes. It also includes any information concerning cancer, cancer testing and cancer results. I agree that a copy of this release or a fax of this release shall be as valid as this original release. Please send copies of all requested information as soon as possible to the address listed below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_