Marks Family Dentistry

Jason Marks, DDS, PA & Jennifer Marks, DDS, PA

RECORDS RELEASE/ REQUEST

To _____

(Dentist/ Practice name)

Address _____

City _____ State _____ Zip _____

I hereby authorize the release of my dental records and x-rays and request that they be transferred to:

Marks Family Dentistry
674 Merrimon Ave., Ste. 230-A
Asheville, NC 28804
Or
marks@northashevilledentist.com

Print name of patient _____

Patient's signature _____

Date _____