



Tina W. Shih, D.D.S., P.A.
2081 Shepherd's Vineyard Drive, Suite 102
Apex, NC 27502
919.362.9216
919.362.8022f

Records Release Form

Date: _____

I, _____ authorize the dental office (name) _____ to release my dental records to

Apex General Dentistry.

Previous dentist Telephone #: _____ Fax#: _____

Please release records/and current x-rays to:

Apex General Dentistry

Email: office@apexgeneraldentistry.com

Patient information:

Name _____ D.O.B _____

Signature _____

Additional Family members: under the age of 18 years.

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Confidential: This message and all contents contain information from Tina W. Shih, D.D.S., P.A.; Apex General Dentistry, which may be privileged, confidential or otherwise protected from disclosure. The information is intended to be for the addressee only. If you are not the addressee, any disclosure, copy, distribution or use of the contents of this message is prohibited. If you have received this message in error, please notify us immediately (919-362-9216) and destroy the original message and all copies.