



R. Brooks Rollings, D.M.D., P.A.
Kevin R. Dunphy, D.D.S

4117 Del Prado Blvd. South
Cape Coral, FL 33904
P 239-542-5335
F 239-540-3808
contact@rollingsdentalgroup.com

Records Release / Request

Patient Printed Name: _____

Patient Signature: _____

Patient Telephone: _____

DOB: _____

Date: _____

1. I authorize the release of my records to Rollings Dental Group. The information that may be emailed may include either my x-rays, health history, diagnosis, or treatment.

***** If these are digital x-rays, please send them as a JPEG. If it is a full set or bitewings, please send as one unit, not as individual PA's. Thank you!**

- OR -

2. I hereby request and authorize the release of my records from Rollings Dental Group. I further assume all responsibility for maintaining the privacy of my records as they are sent using the method I choose below:

- Email them to: _____
- Hold for me to pick up.