General Dental Release

I, _____, hereby authorize
Print Name

Dentist: _____

Address: _____

_____

Phone Number: _____

To release copies of my X-rays and records to Turkey Creek Dental, Dr. James R. Williams' office. You may send my information to the following address:

Turkey Creek Dental

10641 Deerbrook Dr.

Knoxville, TN 37922

Phone: 865-675-3685

Fax: 865-671-1239

Email: turkeycreekdental@tds.net

Patient Signature: _____

Date: _____