

Thad P. Johnston, DDS
4126 South New Hope Road
Gastonia NC 28056
Email: info@thadjohnstondds.com

REQUEST FOR RELEASE OF DENTAL RECORDS

I hereby request that my dental records be sent to:

Dr. Thad Johnson
Dentist

4126 South New Hope Road
Street Address

Gastonia NC 28056
City, State, and ZIP

704-864-5611
Phone Number

704-861-0815
Fax Number

Previous Dentist's Name & Phone Number

Patient's name: _____

Date of Birth: _____

Patient's Signature: _____

Date: _____