

**Riccobene Associates Family Dentistry
12330 Hwy 210
Suite 115
Benson, NC 27504
(919) 207-2077**

**Authorization for
Release of Dental Records and X-rays**

Date:

I, (print patient or guardian name) _____, hereby authorize the doctors and staff of Riccobene Associates Family DDS, PA to release records or knowledge concerning my dental health to:

Full Dr. Name _____
Street Address _____
City, Zip Code _____
Practice Telephone number: _____
Practice Email Address: _____

Signed (patient or guardian name) _____
Printed name (patient or guardian name) _____
Reason for release: _____

Please complete this form and fax it to (919) 934-1233 or email to BensonOM@BrushAndFloss.com. In accordance to North Carolina law, all original records remain the property of Riccobene Associates, DDS, PA but patients are entitled to access to copies of all records.

**Records Transfer Instructions
(Please read carefully in order to avoid delays)**

We require **governmental identification** before releasing any patient records. Acceptable government issued identifications are a current North Carolina driver's license, a North Carolina ID card or a US Passport. **Please make a copy of front and back** of your identification and **fax it along with your records transfer request**. Please **do not walk into the office without prior notification to obtain your records**. Due to our busy schedule, it is difficult to produce records on an immediate basis and we ask that this courtesy be given to both the staff and our patients who are in the office. It usually takes from three days to a week to have records duplicated and another three to seven days for the US mail to get to your new dental office. Records are not duplicated on Fridays.