



2702 Medical Office Place
Goldsboro, NC 27534
919-731-2331

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: _____

Name of Patient (if minor) _____

Signed (patient or guardian signature) _____

Printed name (patient or guardian name) _____

Reason for release: _____

Please complete this form and fax it to 919-731-2625, or email it to
goldsboro1@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.