



Records Release Form

Name of Patient(s):

I hereby authorize the release of dental records and request they be transferred (digital records preferred).

To: **Renaissance Dentistry**
Rylan J. Hansen, D.D.S., PA
800 W. Williams St., Ste 240
Apex, NC 27502
919-363-8444 Phone
919-363-6391 Fax
Email: admin@renaissancedentistry.com

Signature of Patient or Guardian

Date