



210 LORETTO DRIVE, WYTHEVILLE, VIRGINIA 24382
PHONE: (276) 228-2222 FAX: (276-228-0607
WYTHEDENTISTRY@GMAIL.COM

Faxed to: _____
Fax Number: _____
Date _____

Authorization for Release of Dental Records

Patient: _____ Date of Birth: _____

I Hereby authorize _____ Dental office to release
my dental xrays and records to:

Wythe Family Dentistry
210 Loretto Drive
Wytheville, VA 24382
Email to: wythedentistry@gmail.com

Dental Visit at this office: _____

_____ Date: _____

Patient or Current Guardian

Print Name of Signature Above: _____