

PULLEN COMPREHENSIVE AND COSMETIC
DENTISTRY

Dr. Mark E. Pullen D.M.D. and Associates

2353 Whitesburg Drive
Huntsville, AL 35801
Phone: (256) 533-3735

DENTAL RECORDS RELEASE FORM

I, (print patient or guardian's name) _____ DOB,
_____, hereby authorize the doctor and staff of
_____ to release
records/x-rays or knowledge concerning my dental health to (select one)

_____ 1. Given directly to me

_____ 2. Faxed / emailed directly to Dr. Pullen and staff
Address: 2353 Whitesburg Dr Huntsville AL 35801
Telephone Number: 256-533-3735
Fax Number: 256-533-3780
Email: xray@pullendmdpc.com

_____ 3. Given directly to a guardian

Signature: _____ Date: _____