

Dr. Eric and Casey Burns DDS, PA

4914 Randall Parkway
Wilmington NC, 28403
Ph: (910) 799-9059
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RELEASE OF DENTAL INFORMATION

I, _____, hereby grant

permission to _____

at _____

to release information related to my past dental history, treatment, x-rays
and any other pertinent information to:

Dr. Eric and Casey Burns DDS, PA
4914 Randall Parkway
Wilmington, NC 28403
office@burnsddsnc.com

Signature: _____ Date: _____