

Merlo & Fahrney Dentistry
1927 Brunswick Avenue
Charlotte, NC 28207
PH: 704-372-5411
FAX: 704-372-5414
info@mf-dentistry.com

Date _____

I, _____, am requesting the release of my dental records/x-rays.

Name of Previous Dentist: _____ Phone Number: _____

Check one of the following forms of release:



Email electronic records to: info@mf-dentistry.com



Mail records to the following address:

Merlo & Fahrney Dentistry
1927 Brunswick Ave
Charlotte, NC 28207

Patient Signature: _____

Parent Signature (If Patient is a Minor): _____