

Records Release Request

To: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the release of my current x-rays or copies of such and request that they be transferred to:

Eric C. Horecky, DMD

I'On Family Dentistry

152 Civitas Street, Suite 200

Mt Pleasant, SC 29464

Phone 843-388-0059

Fax 843-388-0019

Email ionfamilydental@gmail.com

Print Name of Patient: _____

Patient's Signature: _____ Date: _____