



500 W. Southlake Blvd., Ste #130 Southlake, TX 76092

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X-Ray & Records Release Form

I, _____, authorize Enclave Dental to release my dental records and x-rays. I understand that if there is any remaining balance on my account, it must be paid in full prior to the release of my records.

Please forward my records to the following address or e-mail address:

*If you are signing for a minor, please write patient's name: _____

Signature: _____ Date: ____/____/____

You have a right to retain your patient records. We are happy to provide these records to you as long as there is no remaining balance on your account. If there is a remaining balance, the balance must be collected prior to sending any records out per office policy.