

**Adam E. Hill, DDS, PA**  
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**DENTAL CHART RELEASE REQUEST**

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Please email my dental records, including chart notes and recent x-rays to:

[drhilldds@bellsouth.net](mailto:drhilldds@bellsouth.net)

ADAM E. HILL, DDS  
PO Box 1083  
Blowing Rock, NC 28605

Date of last Fmx/ Pano: \_\_\_\_\_

Date of last cleaning: \_\_\_\_\_

Date of Last Bitewings: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Patient or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship*

**Patient Rights:**

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I may refuse to sign this authorization and that my treatment will not be conditioned on signing.
- I understand released information may include a communicable disease diagnosis such as HIV.

