



JEFFREY C. WEST, DMD  
General Dentistry

[drjeffreywest.com](http://drjeffreywest.com)

**Patient Record Release Form**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of my dental records to Jeffrey C. West, DMD, PA.  
Please email the most recent panoramic or full mouth series, as well as bitewings to the address below:

[info@drjeffreywest.com](mailto:info@drjeffreywest.com)

Thank you.

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