



R. Lee Warren, DDS, PA  
142 Doctors Drive  
Boone, NC 28607

**Release of Records**

Date \_\_\_\_\_

I hereby authorize the office of \_\_\_\_\_  
to release my dental records. The records will be transferred to:

R. Lee Warren, DDS, PA  
142 Doctors Drive  
Boone, NC 28607  
[rleewarren@bellsouth.net](mailto:rleewarren@bellsouth.net)

Patient Name \_\_\_\_\_  
(please print)

Patient or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Type of records sent: \_\_\_\_\_  
\_\_\_\_\_

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