

Timothy G. Wilson, D.D.S., P.C.

Consent to release records

This is a letter of consent to furnish and release my dental records including patient treatment chart, periodontal charting, and current X-Rays to Timothy G. Wilson, DDS, P.C. This office is a paperless office so please submit in digital form when possible.

Doctor's name: _____

Phone: _____ Fax: _____ Email: _____

City: _____ State: _____ Zip: _____

Patient date of birth: _____

Patient signature: _____

Patient name printed: _____

Thank you for your immediate attention,

Timothy G. Wilson, D.D.S., P.C.

Phone: (520) 797-8030

Email to: tgwilsondds@comcast.net