

Dr. Amanda Seay

DENTISTRY REDEFINED

MEDICAL RECORDS RELEASE

Please fill out the following information if you would like our assistance in obtaining any dental records and/or radiographs from another dental/medical provider.

Doctor's Name: _____

Address: _____

Phone: _____

You are authorized to release my complete medical records to:

Dr. Amanda Seay
3404 Salterbeck Street, Suite 202
Mt. Pleasant, South Carolina 29466
Phone: (843) 375-0395 Fax: (843) 375-0398

nicci@amandaseay.net

Print Full Name: _____

Date of Birth: _____

Signature (Patient or Parent/Legal Guardian) _____

Date: _____