

Mike C. Blankenship, D.D.S.

106 Millstead Drive
Mebane, N.C. 27302

Telephone 563-4300

CONSENT FOR RELEASE OF DENTAL RECORDS

I, _____, do hereby consent
to and authorize _____ to disclose to:

name: Mike C. Blankenship, D.D.S.
address: 106 Millstead Drive
city, state, zip: Mebane, NC 27302

information in my dental records, including current and previous dental
records from other practices and practitioners, hospitals, and/or clinics
which are a part of my dental records.

My date of birth is ___/___/___, and my Social Security Number is
___-___-___. This information is strictly for purposes of identification.

signed: _____ date: _____
(patient)

[If additional consent is necessary from a person authorized to consent,
other than the patient (such as parent, guardian, etc.)]:

signed: _____ date _____

relationship to patient: _____