David C. Daubenspeck, D.M.D.
Jason L. Kiggins, D.M.D.
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FAMILY & COSMETIC DENTISTRY

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Conway, SC 29526

Phone: (843) 347-2273
Fax: (843) 347-4920
office.manager@sccoast.net

AUTHORIZATION

Date: _____

Mr./Mrs./Ms. _____
(Please Print Name)

.....authorizes Family & Cosmetic Dentistry to request on their behalf all records, x-rays, models and any other patient related information be forwarded to Family & Cosmetic Dentistry in care of the dentist named below;

Name of **NEW DENTIST**: _____

Patient's Signature: _____ Date: _____

PREVIOUS DENTIST INFORMATION

Previous Dentist Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax#: _____