

Southport Dental
Dr. Larry L Hemby, DDS
Dr. L.D. Williams, DDS
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Southport, NC 28461
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DUPLICATION OF RECORDS AND RELEASE REQUEST FROM

Date of Request: _____

Patient Name: _____

Patient Birth Date: _____

Send Records to: Southport Dental
621-A Fodale Avenue
Southport, NC 28461
drhemby@yahoo.com

Date needed by: _____

Patient Signature: _____

If you have digital x-rays please email them with date of x-rays that were taken.

Thank you for your help.

FOR OFFICE USE:

Previous Dentist Name: _____

Previous Dentist telephone #: _____

Previous Dentist Fax # _____