

Drs. Kunkle & Powell, PA

Records Release Request

Date _____

Patient's Name _____

I authorize the release of dental records and medical records relevant to dental treatment or copies of such and request that they are transferred to:

Drs. Kunkle and Powell, PA
119 Library Street
Moncks Corner, SC 29461
(843) 761-8065
Fax: (843) 761-5085
kunkleandpowell@homesc.com

Signature of Patient

Terry L. Kunkle, Sr., DMD, Terry L. Kunkle, II, DMD, Suzanne S. Powell, DMD
119 Library Street Moncks Corner, SC 29461 (843)761-8065 Fax (843) 761-5085
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