



WEST ASHLEY
FAMILY DENTISTRY

Date

I, , request that my dental records including duplicate radiographs from the office
of be released to:

West Ashley Family Dentistry
Agatha J. Lynn, DMD James W. Dickert, DMD
811 St Andrews Blvd. Suite B
Charleston, SC 29407
Phone: 843-571-7951
Fax: 843-571-7952
Email: westashleyfamilydentistry@gmail.com

My typed name below serves as my signature as this form was electronically submitted.

Patient's Signature (typed name)