

Jerry W. Reeves, D.D.S., P.A.
5314-A. West Friendly Avenue
Greensboro NC 27410
336-299-8530
FAX 336-299-9176
Shannon@jerryreevesdds.com
Kim@jerryreevesdds.com

I _____, am authorizing the release of my records. I am aware there is no charge for the transfer of my current x-rays, although if requested, there is a fee for the transfer of chart copies.

Please forward x-rays to:

Signature _____

Date _____