



RELEASE OF DENTAL RECORDS

I authorize release of my records from your office to Rocky Creek Dental Care.

Date: _____

Signature: _____

Print Name: _____

Please e-mail to: Eastside@rockycreekdental.com

Thank you!

Rocky Creek Dental Care

Cleveland Park: 1322 E. Washington St. , Ste D1
Greenville, SC 29607

Eastside: 978 Batesville Rd.
Greer, SC 29651

(864) 235-1200, Option 1