



Darcy Amacher, DDS
105 Akers Farm Road
Christiansburg, VA 24073
540-394-3300

PATIENT RELEASE OF INFORMATION

I authorize the doctor's and staff of:

To release any information contained in my dental records, and any applicable dental radiographs that are relevant to my dental history.

Please send the requested information to:

**Darcy Amacher, DDS
105 Akers Farm Road
Christiansburg, VA 24073
540-394-3300**

Patient's Name (Please Print) _____

Patient's Signature _____
(Or parent/legal guardian if patient is a minor)

Date _____