Kong Vang, DMD, PA

Brookdale Dental Care
9621 Brookdale Dr., Ste 200
Charlotte, NC 28215
704-597-7772
704-597-7078(Fax)

I_____________________________, authorize ***Brookdale Dental Care*** to release all of my dental records to:
Office Name: ____
Address:____
City:______________ **State**:______ **Zip Code**:_____________
Phone Number:_____________ **Fax Number**:_____________
Office Email:____

Patient Information:
Name of Patient: ___________________________ **Date of Birth**:________________
Patient Address: ____
City: __________________ **State**: _______ **Zip Code**: _____________
Phone Number: __________________________ **Email:** __________________________

Patient Signature:__________________________ **Date**:_________________________