



Kong Vang, DMD, PA

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

I _____, authorize _____ to release all of my dental records to:

Office Name: Brookdale Dental Care

Address: 9621 Brookdale Drive Ste. 200

City:Charlotte **State:** NC **Zip Code:** 28215

Phone Number: 704-597-7772 **Fax Number:** 704-597-7072

Office Email: brookdale@kongvangcare.com

Patient Information:

Name of Patient: _____ **Date of Birth:** _____

Patient Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Patient Signature: _____ **Date:** _____