

# McNutt Orthodontics

Matthew David McNutt, DDS, MS, PA

Authorization to Release All Dental Records to  
Matthew David McNutt, DDS, MS, PA

Patient's Name \_\_\_\_\_

Patient Date of Birth      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Permanent Address \_\_\_\_\_

Patient Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Please release the following dental records from:

Name of Dental Provider \_\_\_\_\_

Dental Provider Address \_\_\_\_\_

RECORDS RELEASED To: Matthew David McNutt, DDS, MS, PA

I HEREBY AUTHORIZE THE RELEASE OF DENTAL RECORDS AS PROVIDED  
FOR THE PATIENT ABOVE

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Email Digital Records to: [referral@thetoothmover.com](mailto:referral@thetoothmover.com)

400 Tew Ct. #108, Clayton, NC 27520

301 Asheville Ave, #101 Cary, NC 27518

Clayton (919)553-4512 Fax (919)553-6097

Cary (919)887-6350 Fax (919)887-6351 Internet: [www.thetoothmover.com](http://www.thetoothmover.com)