



**James P. Barnes, DDS**  
**Janel K. Barnes, DDS**

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Porter's Neck Professional Centre  
8108 Market St. Suite A  
Wilmington, NC 28411  
910-686-0034

## RELEASE OF DENTAL INFORMATION

I, \_\_\_\_\_,  
(Patient Name(s)) (Date of Birth)

hereby grant permission to:

\_\_\_\_\_  
(Name of Previous Dentist)

\_\_\_\_\_  
(Address/Phone # of Previous Dentist)

to release information related to my past dental history, treatment, X-rays (JPEG preferred), and any other pertinent information to:

James P. Barnes, DDS  
Janel K. Barnes, DDS  
8108 Market Street, Suite A  
Wilmington, NC 28411  
(910) 686-0034  
**barnesfamilydental@gmail.com**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If a minor, parent or guardian must sign)