



*Coggin Dental Group*

C. CELESTE COGGIN, DMD | WENDY MITCHELL, DDS | KELLY RAWLINS, DMD

## RECORDS RELEASE FORM

Date: \_\_\_\_\_

TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of dental records and x-rays relevant to dental treatment, or copies of such, and request that you mail or email them to:

C. Celeste Coggin, D.M.D., P.C.  
Wendy L. Mitchell, D.D.S.  
Kelly A. Rawlins, D.M.D.

2024 Powers Ferry Road, Suite 190  
Atlanta, Georgia 30339-5049

(770) 953-6666 Office  
(770) 952-5842 fax  
[celeste@coggingdentalgroup.com](mailto:celeste@coggingdentalgroup.com)

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature (Patient, Parent or Guardian)