

Records Release Form

,, hereby give	
authorization to have my records release to the office of Jessica L. Bishop DDS, PA.	
Please forward all pertinent information and x-rays to the following address:	
Jessica L. Bishop DDS, PA	
6015 Farrington Road	
Suite 102	
Chapel Hill, NC 27517	
laurie@jessicabishopdds.com	
Signature Date	