

Advanced Sleep
AND TMJ CENTERS



Sleep Well Carolinas!



DEDICATED SLEEP™

1515 9th Avenue | Conway, SC 29526

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Medical Records Release Form

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

By Signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/person/facility/entity listed:

Advanced Sleep
1515 9th Avenue
Conway, SC 29526

Patient Signature: _____ **Date signed:** _____