

**Handcrafted Dentistry**  
**Drs. Caitlin Singleton & James Eaker**

4208 S. Alston Ave.  
Durham, NC 27713  
919-544-5620

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

Birthdate: \_\_\_\_\_

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

Records Needed: \_\_\_\_\_

\_\_\_\_\_

Patient Signature (or parent/guardian): \_\_\_\_\_

I hereby request my records to be released:

- TO**
- FROM**

Handcrafted Dentistry  
Caitlin Singleton, DDS, PLLC  
James H. Eaker, DDS  
4208 South Alston Ave.  
Durham, North Carolina 27713  
info@handcrafteddentistry.com

- TO**
- FROM**

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

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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