

*Douglas F. Geiger, D.M.D., L.L.C.*

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**Please release my dental records and/or x-rays to the office of Dr. Douglas Geiger. These records can be either mailed or emailed to the following address/email.**

**Douglas F. Geiger, DMD, PLLC  
321 S. Polk St., Suite 2A  
Pineville, NC 28134**

**E-mail: [drdouglasgeiger@gmail.com](mailto:drdouglasgeiger@gmail.com)**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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

Contact Number If Needed: \_\_\_\_\_