

Lisa Jo Adornetto, DDS  
3861 Battleground Avenue  
Greensboro, NC 27410

Records Release

I \_\_\_\_\_, give permission for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release my records to:

Lisa Jo Adornetto, DDS  
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Greensboro, NC 27410  
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Email: [confirmation@lisajoadornetto.com](mailto:confirmation@lisajoadornetto.com)

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Patient/Parent Signature

Date