Records Release Form

1 John Parsons Drive
Somersworth, NH 03878
Phone: 603-343-1228
Fax: 603-841-5873
E-mail: info@gopediatricdentistry.com

I, _____ hereby authorize _____ forward all dental records to _____ for

Patient Name: _____ D.O.B. _____

Patient Name: _____ D.O.B: _____

Patient Name: _____ D.O.B: _____

via email or by mail.

Signature: _____ Date: _____