PREMIER DENTAL
PC
DENTISTRY THAT MAKES A DIFFERENCE!

Date: _____

To: _____

Print Name: _____

Address: _____

D.O.B.: _____

Release of Records

I, _____, verify by endorsing my signature, permission to release my x-rays and records to Premier Dental, PC.

_____
Signature Date

_____
Witness Date

Please send x-rays or records in DEXIS or JPEG format to Info@PremierDentalPC.com

www.PremierDentalPC.com
727 Broad Street ♦ Meriden, CT 06450 ♦ 203-235-1415
12 N Main Street ♦ Suite 101 ♦ West Hartford, CT 06107 ♦ 860-596-0001