



DENTAL RECORDS RELEASE FORM

I hereby authorize and request the release of my most recent (2 years) dental records (BWx, PAX, Panorex, clinical chart notes, periodontal chart, clinical photos).

Must be sent electronically: care@ModernDentistryNE.com

P: (860)582-4485

4 Morris Ave, Bristol, CT 06010

Records for (please circle): Self

All family members

I understand it is my responsibility to follow-up with the referring office to ensure my request has been finalized; records have been properly encrypted & arrive at Modern Dentistry of New England 2 business days prior to my scheduled appointment.

Print name

/ /

Date

Patient/legal guardian signature