



BRISTOL FAMILY DENTAL

4 Morris Ave, Bristol, CT 06010 · Phone 860-589-2794 · bristolfamilydental@comcast.net

Authorization to Forward Dental Records

To: Dr. _____

Address: _____

Please submit copies of my dental records and x-rays to:

To: **Bristol Family Dental**
4 Morris Avenue
Bristol, CT 06010

e-mail address: bristolfamilydental@comcast.net

Thank you for your prompt attention to my request.

Patient Name

Patient Name

Patient Name

Patient Name

Patient Signature

Date