BRISTOL Family DENTAL
815 Pine Street
Bristol, CT 06010
Phone 860-589-2794
Fax 860-314-0799
office@bristolfamilydentalct.com

Authorization to Release Dental Records

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

To:
Dr. _____

Address: _____

_____

Email: _____

Phone: ( ) _____

Please list names of Patients in family leaving Bristol Family Dental below:

_____ Patient Name

_____ Patient Name

_____ Patient Name

_____ Patient Name

Authorized Signature of Guardian or Patient: _____

Date: _____/_____/_____

Thank you for your prompt attention to my request.