



GENERATIONS DENTAL CARE

Records Release

Patient Name

Birth Date

- I give permission to the office listed below to release my dental records, including radiographs to Generations Dental Care by phone, fax, mail and/or e-mail.

Name of Previous Dental Office

Address

Telephone

Signature of Patient, Parent or Guardian		Date	
IF PATIENT IS A MINOR			

Form signed by		Relationship to Patient	
-----------------------	--	--------------------------------	--

Generations Dental Care
9 Triangle Park Drive • Suite 3 • Concord, New Hampshire 03301
Tel: 603-225-6331 • Fax: 603-255-3712 • Email: treatment@generationsdental.com