

**Windsor Preventive Dental Care
297 Augusta Rockland Rd
Windsor, ME 04363
207-549-5945
Fax 207-549-4773**

Authorization to Release Dental Records

Please release any current x-rays and a copy of all records to the office of:

Radiographs may be sent digitally via electronic mail to:

E-MAIL: _____

I understand that the disclosure of dental information may include treatment plans, treatment history, radiology images, clinical notes, dental charting, and billing records.

	Patient Name & Date of Birth	Signature of Patient or Guardian	Date
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1	_____	_____	_____
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2	_____	_____	_____
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3	_____	_____	_____
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4	_____	_____	_____
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5	_____	_____	_____
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6	_____	_____	_____
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