



174 State Route 101 * Bedford, NH 03110 * 603-472-5733 * office@RothwanglDentalCare.com

Release of Records Request

I am authorizing the copy and release of the dental records and most recent radiographs of the following patients (please print):

Myself: _____ DOB: _____

Dependent: _____ DOB: _____

Dependent: _____ DOB: _____

Dependent: _____ DOB: _____

Dependent: _____ DOB: _____

- I will pick up
- Please email digital images and charting to the following email address:

- Please mail to the following address:

Patient Name (Print)

Street Address

Phone Number

City, State, Zip

Signature

Date