Essex Family Dental
11 Market Place
Essex Junction, VT 05452
Phone (802) 878-5591 Fax (802) 878-8951
info@essexfamilydental.com

Authorization for Release of Dental Records

I, (print patient or guardian name) _____, on behalf of _____hereby authorize the doctors and staff of Essex Family Dental to release x-rays or knowledge concerning my dental health to:

Office Name: _____

Street Address_____

City, State, Zip_____

Phone_____ Fax_____

Email Address_____

Signature (patient or guardian name)_____

Please Print Name:_____