



200 Main St EXT  
Middletown, CT 06457

Call Today **860-269-0329**

I authorize the release of dental records and/or xrays for:

NAME(S): \_\_\_\_\_ DOB: \_\_\_\_\_

FROM (current dental office): \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TO (name of party receiving records): \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Due to federal laws, we cannot release information to representatives without a written release. Please provide the information requested so that we may forward your records as requested. The information may be emailed to us by the patient's email on record, dropped off to the Business Manager at the office or sent via US Mail.

Federal law allows 30 days to provide requested records; Connecticut law allows a maximum fee of 65 cents per page and mailing costs. At this time, we provide digital records at no cost to you. We are usually able to follow up on requests for digital records within 5 business days not counting holidays and weekends. Hard copies or records will require a \$10 bank check for processing and mailing; xrays will lose diagnostic quality when printed. Please allow sufficient time to allow for forwarding. Thank you.