North Deering Dental Associates, P.A.

David L. Bagdasarian, D.D.S., Shane R. Bryant, D.M.D., Audrie K. Crouanas, D.D.S.,

1334 Washington Avenue

Portland, ME 04103

Telephone (207)797-5834 Fax (207)797-8305

RECORDS RELEASE AUTHORIZATION

I,____________________________, hereby request and authorize North Deering Dental Associates to disclose and provide copies of any radiographs and/or records pertaining to my care to the following address:

Name, address, phone number, and email address of dentist, specialist, attorney, insurer,etc.:

____

____

____

____

____

Printed Name:_______________________________D.O.B:.____________________

Signature:___________________________________Date:__________________