Greater Essex Dental PLLC
26 School Street Merrimac, MA 01860
Office: 978-346-4610
Fax: 978-346-4708
Email: info@greateressexdentistry.com

Previous Dental Office:

Address:

Telephone:

Fax:

Patient Transfer of Records Authorization

Date: _____

I, _____ authorize the release of my and/or my dependents dental x-rays and records.

Dependents Names:

Please forward all information to Greater Essex Dental:
At info@greateressexdentistry.com

Signed:_____ Patient or Guardian