Greater Essex Dental PLLC 26 School Street Merrimac, MA 01860

Office: 978-346-4610 Fax: 978-346-4708 Email: info@greateressexdentistry.com

Date: _____

Records Release Authorization to Transfer to another Dental Office

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

Dependents Names:

Please forward all information to:

New Office Name:

Address:

Telephone:

Email:

Signed:_____ Patient or Guardian