Smiles for the Future
Pediatric Dentistry, Orthodontics & Adult Dentistry
379 Naubuc Avenue
Glastonbury, CT 06033
Phone: 860-633-5246
Fax: 860-633-5249
Email: info@smilesforthefuture.com

Adult Authorization for Release of Dental Records and X-rays

I, (print patient name & DOB) _____, hereby authorize the doctors and staff of Smiles for the Future to release records to:

Dr. or Practice Full Name _____

Email to send records to: _____

Please release the following records to the above listed dental office:

X-rays: (Taken in the last 3 years unless otherwise specified).

Specific dates:_____

Treatment Notes (Visits for last 3 years unless otherwise specified.)

Specific dates:_____

We are sorry to see you go. Please check the reason for the record transfer

Insurance Changed _____

Moving _____

Family Doctor _____

Other _____

Signature of patient

_____Date:_____