



## Portsmouth Dental Studios

100 Eilen Dondero Foley Ave

Suite 320

Portsmouth, NH 03801

603-431-7605

Date \_\_\_\_\_

I hereby authorize \_\_\_\_\_

To release my records to: Portsmouth Dental Studios at the address listed above or faxed to 603-433-5381

Please email x-rays to: [healthysmiles@portsmouthdentalstudios.com](mailto:healthysmiles@portsmouthdentalstudios.com)

Patient name: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_