



ROBERT J. HENIN, DDS
DAVID B. SOBANSKI, DMD
SALLY B. ROSENBERG, DDS

RELEASE OF RECORDS

I (NAME OF PATIENT/OR GUARDIAN IF MINOR) HEREBY AUTHORIZE MY RECORDS TO BE RELEASED TO DENTAL SOLUTIONS OF GLASTONBURY. PLEASE INCLUDE ALL X-RAYS TAKEN IN THE PAST FIVE YEARS FROM THE DATE LISTED BELOW.

PATIENT INFORMATION

NAME NICKNAME BIRTHDATE
ADDRESS CITY STATE ZIP

PREVIOUS DENTIST INFORMATION

DENTIST'S NAME PHONE # FAX #
ADDRESS CITY STATE ZIP

X SIGNATURE DATE
PRINT NAME RELATIONSHIP TO PATIENT

SEND RECORDS & XRAYs TO

DENTAL SOLUTIONS OF GLASTONBURY
131 NEW LONDON TPKE, SUITE 211
GLASTONBURY, CT 06033
(F) (860) 659-2126
(E) GLASTONBUR@SBCGLOBAL.NET

PLEASE INCLUDE DATES OF

LAST CMX/FMS
LAST PANO
LAST BWX
LAST RECALL
LAST EXAM