BAY BREEZE DENTISTRY

## RECORDS RELEASE REQUEST

I, _____ HEREBY AUTHORIZE THE DENTAL OFFICE OF:

_____

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TO RELEASE MY DENTAL RECORDS TO:

Bay Breeze Dentistry, P.A.
Dr. Carmen V. Santana DMD
14 Manchester Square, Suite 215
Portsmouth, NH 03801
Phone: 603.610.8765
Fax: 603.610.8766
info@baybreezedentistry.com

Signed: _____ Date: _____

Patient or Guardian

_____

Print Name