Release of Records To

Hampstead Family Dental

P.O. Box 960

Hampstead, NH 03841

Office (603) 329-4869 Fax (603) 329-6677

I hereby authorize:

Dental Office_____

Address_____

to forward my radiographs to Hampstead Family Dental at **Info@hampsteadfamilydental.com**

(Please send most recent BW's, FMX and/or Pan)

Printed Name: _____

DOB:_____

Signature: _____

Date: _____