

Release Form

Send to Previous Dental Office

Former Providers Information

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby authorize the release of my xrays and written chart or copies of such and request that they be transferred to:

Maplewood Dental Group  
20 Merrit Parkway  
Nashua NH 03062  
Attn: Lisa

If you have digital xrays they can be emailed to: [info@maplewooddentist.net](mailto:info@maplewooddentist.net)

Patient Information:

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient or Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_