

BEDFORD COSMETIC & RESTORATIVE DENTISTRY LLC

360 Route 101, Unit 12A

Bedford, NH 03110

603-472-3667

J. Joseph Hedstrom, D.D.S.

Authorization for Release of Dental Records

Patient Information: (Please Print)

Name: _____ ***Date of Birth:*** _____

Address: _____

City: _____ ***State:*** _____ ***Zip Code:*** _____

Additional Family Members: (under 18 years old)

_____ ***Date of Birth:*** _____

_____ ***Date of Birth:*** _____

_____ ***Date of Birth:*** _____

_____ ***Date of Birth:*** _____

Release my records to:

Dentist Name: _____ ***Dr. Joseph Hedstrom***

Address: _____ ***360 Route 101, Unit 12A***

City: ***Bedford*** _____ ***State:*** ***NH*** _____ ***Zip Code:*** ***03110***

E-mail: info@bedfordcosmeticdentistry.com

By my signature, I authorize release of my dental records.

Patient Signature: _____

Date: _____