

BEDFORD COSMETIC & RESTORATIVE DENTISTRY LLC

Alokh Persha, D.M.D

360 Route 101, Unit 12A

Bedford, NH 03110

603-472-3667

info@bedfordcosmeticdentistry.com

Authorization for Release of Dental Records

Patient Information (Please Print)

Name: _____ DOB: _____

Additional Member(s) Name: _____ DOB: _____

Additional Member(s) Name: _____ DOB: _____

Additional Member(s) Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Transfer records to:

Office Name: Bedford Cosmetic & Restorative Dentistry

Phone Number: (603) 472-3667

E-mail: info@bedfordcosmeticdentistry.com

Reason for request:

By my signature, I authorize release of my, or my responsible parties' dental records.

Patient Signature: _____

Date: _____