

**Authorization for Releasing Dental Records**  
**Falmouth Dental Health**

Blair VanNostrand, D.M.D.  
Darren Smith, D.M.D.  
21 Northbrook Drive, Falmouth, ME 04105  
P (207)781-2328  
[info@falmouthdentalhealth.com](mailto:info@falmouthdentalhealth.com)

To: \_\_\_\_\_  
(Previous Dentist Name)

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Please release all dental records including x-rays for:

\_\_\_\_\_  
Patient's Name (Last) (First) (Middle Initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I hereby authorize release of all my dental records and take full responsibility.

\_\_\_\_\_  
Signature/Parent/Guardian

\_\_\_\_\_  
Date