



RECORD RELEASE FORM

I, _____ of _____
Print Patient Name Patient Address

authorize _____
Previous Dentist/Practice Name

to release my dental records and x-rays to:

Navid Family Dental and Associates
210 Andover Street
Peabody, MA 01960

info@NavidFamilyDental.com

Please send the records as soon as possible. If there will be any delay, please contact me.

Patient signature: _____ Date: _____