

Southbury Smiles

Evergreen Prosthodontic Associates, LLC
(203) 264-1620

Michelle Na, DDS, MS

2 Pomperaug Office Park, suite 304
Southbury, CT 06488

AUTHORIZATION FOR RELEASE OF MEDICAL/DENTAL RECORDS

Patient's Name

Date of Birth

today's date

I hereby request and authorize the release of all information, without limitations, regarding any medical/dental condition, as revealed by your observation or treatment, past, present, or future.

This includes photocopies of medical and/or dental histories, x-ray findings, diagnosis, treatment, prognosis, and copies of radiographs.

I request that you release the above information as soon as possible to:

SOUTHBURY SMILES

MICHELLE NA, DDS, MS

2 POMPERAUG OFFICE PARK, suite 304

SOUTHBURY, CT 06488

Please email radiographs to: m.nadds@gmail.com

Patient's (or Legal Guardian's) Signature

Date