



Bow Family Dentistry
514 South St, Bow, NH 03304
(603) 224-3151
www.bowfamilydentistry.com

RELEASE OF RECORDS AUTHORIZATION

What is your previous dentist's name/practice name? _____

What is your previous dentist's phone number? _____

What is your previous dentist's email address? _____

By signing below, I consent for my dental treatment records and/or x-rays to be transferred by email to office@bowfamilydentistry.com. IF YOU USE DEXIS PLEASE SEND RECORDS IN DEXIS FORMAT.

Bow Family Dentistry
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Print name

Signature

Date