Pediatric Dentists
Jennifer Creem DMD, MS
Lindsay Decker, DMD

General Dentist
Brittney Ward, DDS

P: 603-773-4900
www.lilackidsdental.com

RELEASE OF RECORDS AUTHORIZATION

Patient Name: _____

Date of Birth _____

Name, Address and phone number of dentist patient is transferring to:

_____

_____

Email of new dentist: _____

Reason for Transfer:_____

By signing below, I consent for my child's dental treatment records and/or x-rays to be transferred by email.

Signature:

Printed Name:

Date: