



Adirondack

Dental Group, PC

"Smile and the world smiles with you!"

1753 Route 9 • Clifton Park, NY 12065 • (518) 371-4131

Records Release Authorization

Patient Name to transfer: _____

Date of Birth: _____ Phone number: _____

Other family member to transfer: _____

Previous Dentist or Practice Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Please forward any of the following information that you have for the last 5 years

Bitewings, Full Mouth Series or Panoramic.

If records are digital, please e-mail to: adirondackoffice@selectdentalmanagement.com

I hereby give you permission to release any and all of my dental records to

Dr. Laurie Singh, DDS

Patient Signature (parent if minor)

Date