New Look Dental
80 Nashua Road, Londonderry NH 03053
www.newlookdental.net
londonderry@newlookdental.net
603-434-0044

Date: _____

Authorization To Release Dental Information

Please copy and send any current x-rays to the dentist listed below.
I understand New Look Dental will forward my records once this signed request is received and a 7 day notice is given.

Name of Dental Office:_____

Address:_____

E-mail:_____

_____ _____
Patient/Parent Signature Date

Patient Transfer Information (Office Use Only)

Patient:

Most Recent:

Prophy:

Bitewings:

Pan/FMX:

Completed Treatment:

Recommended Treatment:

Comments: