## Records Release Request

l,au	thorize the release of my
dental x-rays and records	
request they be transferred	by mail or e-mail to:
Meadow Place Dental	
	Street Suite 1102
East Longmea	adow, MA 01028
E-mail address: xrays@meadowplacedental.com	
Signature of patient	Date of birth
Signature or patient	Date of birtin
Tadavia data	
Today's date	