

Manchester Smiles Dental  
168 Spencer St.  
Manchester, CT 06040  
Ph: 860-327-5141  
Fax: 203-348-0643  
e: manchestersmiles168@gmail.com

## Release of Records Form

I give written permission to have my records transferred from  
Manchester Smiles.

### Patient information

Name:

Date of birth:

### Release records to

Office/Doctor Name:

Phone Number:

Fax Number:

Email:

Signature \_\_\_\_\_

Date \_\_\_\_\_