



**Release of Records Request**

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_, request the release of most current dental records/x-rays, please forward to:

Gentle Dental Care, P.C.  
363 West Main St.  
Tilton, NH 03276  
Ph: (603) 286-3032  
fx: (603) 286-8445

Or send via secure email to: [gdc@gentledentalcarenh.com](mailto:gdc@gentledentalcarenh.com)

X \_\_\_\_\_, Patient Signature

X \_\_\_\_\_, Date

Other Family Members:

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