

**Hanover Road Dental Health, PA**  
**Drs. Bradigan, Munsey and Sanders**  
**367 Route 120 Unit D**  
**Lebanon, NH 03766**  
**(603) 643-4362**  
**hrdent@comcast.net**

**RECORDS REQUEST**

To Whom It May Concern:

I, \_\_\_\_\_, authorize the release of any and all of my/our dental records to Hanover Road Dental Health. Please send and/or e-mail dental records and all x-rays to Hanover Road Dental Health, so that they can continue treatment without unnecessary duplication of services.

Thank you for your attention to this matter.

\_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Previous Dentist Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_