

71 Route 101A * Amherst, NH 03031 * Phone: 603-672-6546 * Fax: 603-672-6522 * www.NHCCD.com

Myself: ______ DOB: _____

I am authorizing the copy and release of the dental records and most recent radiographs of the following patients (please print):

Dependent:	DOB:
Dependent:	DOB:
Dependent:	DOB:
Dependent:	DOB:
□ I will pick up	
□ Please email digital images and charting to the	e following email address:
Info@NHCCD.com	
□ Please mail to the following address:	
New Hampshire Center for Comp	orehensive Dentistry
71 Route 101A	
Amherst, NH 03031	
Print Name	
Fillit Name	
Street Address	Phone Number
City, State, Zip	
Signature	Date