

**Coastal Connecticut Dentistry, LLC
Dennis W. Sindel, DDS
Lloyd P. McDonald DDS
Marjorie W. Barndt DMD
112 Cross Road
Waterford, CT 06385
(860) 447-1787
Fax (860) 447-1211
EMAIL- office@coastalctdental.com**

PATIENTS RECORD RELEASE REQUEST

I hereby give my permission to:

Office/Dr. Name: _____

Address: _____

Phone: _____ Fax: _____

To release a copy of my dental records **and** X-rays to the address or **email** address listed at the top of this page.

Patient Name: _____

Patient or Guardian Signature: _____

Date: _____