



Faneuil Hall Dental Associates

177 State Street, Lobby B
McKinley Building
Boston, MA 02109

Phone: (617) 523-4444
Fax: (617) 507-8477
Email: smile@FHDental.com

Record/ X-ray Release Form

I hereby authorize Faneuil Hall Dental Associates to release my dental records and/or x-rays to myself as well as any doctor to which I am being referred.

Patient Name _____

Patient Signature _____

Date _____

Additional persons whom I authorize the release of my dental records to:

Name _____

Address _____

Phone _____

Fax _____