Cochecho DENTAL

51 Webb Place Suite 200
Dover, NH 03820
Phone (603) 742-3321
Fax (603) 749-6806

PATIENT RECORD RELEASE FORM

DATE:_____

Current Dentist's Information:

Dr. _____

Fax: _____

Patient's Information:

NAME: _____

DOB: _____

Please send all recent X-Rays and Patient Records to:

Cochecho Dental / Jennifer A. McConathy, D.D.S.
51 Webb Place Suite 200
Dover, NH 03820
Fax: 603-749-6806
chelseac@cochechodental.com - **can be sent electronically**

If you have any questions, please feel free to call.

I, _____ I certify that I would like my records sent to the above address.

X_____ X_____
(Patient – Guardian) (Patient – Guardian)

Confidential Health Information
This information is provided by authorization from the patient and may contain personal health information that you are required by law to maintain in a secure and confidential manner. Pre-disclosure is prohibited. Failure to maintain confidentiality or re-disclosure without authorization could result in penalties as described in state and federal law.