



HALFMOON FAMILY DENTAL

1456 Vischer Ferry Rd.
Halfmoon, NY 12065
Telephone: (518) 348-1999

RECORDS RELEASE REQUEST

Date: _____

To: _____

I authorize the release of my dental records, including x-rays and request that they be transferred to:

Halfmoon Family Dental
1456 Vischer Ferry Rd.
Halfmoon, New York 12065
(518)348-1999
Fax: (518)373-8159

Signature: _____

Print Name: _____