Wilbraham Family Dentistry, LLC
Stephen H. Root, DDS, MAGD

RELEASE OF RECORDS REQUEST

I hereby request all dental records, including radiographs, daily treatment notes and contact information, from the office of:

Please send my records to:

Wilbraham Family Dentistry
85 Post Office Park, Suite 8503
Wilbraham, MA 01095
Phone: 413-596-3881

X-rays may be emailed to info@wilbrahamfamilydentistry.com

Signature of Patient: _____

Patient's Name (print): _____

Address: _____

_____

Date: _____