



**NORWOOD PEDIATRIC DENTISTRY**

38 Vanderbilt Avenue, Suite C, Norwood, MA 02062

781-349-8170

www.NorwoodPediatricDentistry.com

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**DENTAL RECORDS RELEASE**

This is requested from the patient / parent, \_\_\_\_\_ to hereby authorize the release of my current records or copies from our office at Norwood Pediatric Dentistry, 38 Vanderbilt Avenue, Suite C, Norwood, MA 02062.

It is at this time; we will mail such above mentioned documents to, or will be picked up by:

\_\_\_\_\_  
\_\_\_\_\_

I hereby request my dental records, and allow the office of Dr. Nooruddin Pradhan to release them to above mentioned person/establishment.

Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_