

# Children's Dentistry Of Cochecho Valley, LLC



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I, \_\_\_\_\_, authorize Children's Dentistry of Cochecho Valley, LLP to (print name)

obtain/release records (radiographs, clinical notes, etc.) pertaining to minor child(ren)

\_\_\_\_\_.

Records should be **obtained/released from/to**:

Practice Name: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Limitations (if any): \_\_\_\_\_

I understand that this release will be in effect until such time as it is revoked by me in writing.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)