



681 Court Street – Keene, NH
19 Elm Street #2 - Keene, NH
www.keenedental.com

I, _____, request that the office of _____ to release my dental records to Welnak Dental. This includes all x-rays, reports and history. Please send via email to welnak@welnakdental.com

I hereby authorize the release of my dental records by signature below.

Signature: _____

Date: _____

Print Name: _____