



CAMDEN HILLS
DENTISTRY

Authorization of Release of Dental Records

Please forward all my dental records to:

Dr. Adam L'Italien
Camden Hills Dental
10 Granite Way
Rockport, ME 04856
(207) 236-2400
Fax (207) 209-2919
chdc@chdc.info

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

I have read and understand this document, I am signing it voluntary, and I authorize the disclosure of my health information as described above.

Date: _____

Patient Signature: _____

If you are signing as a personal representative of the patient, describe your relationship to the patient.

Relationship to Patient: _____ Print Name: _____