

**Kirk Dental Associates  
57 Codjer Lane  
Sudbury, MA 01776  
978-443-4348**

***PERMISSION TO RELEASE DENTAL RECORDS***

Please forward all dental records and **x-rays** for the following patients to the address below.

Patients	Date of Birth
_____	_____
_____	_____
_____	_____

X \_\_\_\_\_  
Authorized Signature

New Dentist Address

**Kirk Dental Associates**

57 Codjer Lane  
Sudbury, MA 01776  
978-443-4348  
smile@kirkdental.com

OR

Send records to me at this Address:

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