

**CAROLYN J. MALON, D.D.S.
STEPHEN M. MORAN, D.D.S.
200 MOUNTAIN ROAD
FARMINGTON, CT 06032
TEL. (860) 677-8687**

RECORDS RELEASE REQUEST

I authorize the release of dental records and X-rays for:

Patient's name

and request that they be transferred to Dr. Malon and Dr. Moran at the above address. Please send a complete copy of written records, in addition to copies of the most recent radiographs.

SIGNATURE (patient, parent or guardian)

*for digital images please e-mail to:
admin@familydentalcareoffarmington.com