



Jing Zhang DMD
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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. Jing Zhang 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