Children's Dentistry Of Sanford, LLP

Mark S. Lucier, D.M.D.
Megan J. Lucier, D.M.D.
955 B Main St
Sanford, Maine 04073
Telephone: (207) 324-0026
Fax: (207) 324-0013

I, ______________________________, authorize Children's Dentistry of Sanford, LLP to
(print name)

obtain/**release** records (radiographs, clinical notes, etc.) pertaining to minor child(ren)

____.

Records should be obtained/released from/to:

Practice Name: ________________________________

Address: ________________________________

____

Reason for Request: ______________________________

Limitations (if any): ______________________________

I understand that this release will be in effect until such time as it is revoked by me in writing.

______________________________ ____________________
(signature) (Date)