

Lisa Daft, DMD & Associates, PC

520 Taunton Ave
Seekonk, MA 02771

508-336-7260
fax- 508-336-5970

Request for copy of records

Requesting records from: Doctor _____

Address _____

Phone _____

You are hereby requested and authorized to release all Protected Health Information in the form(s) of Records, Radiographs, and Treatment notes or other information concerning the patient(s) listed below:

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Please forward records to: **dentist@smilebuilder.com**

Or Mail to :

Lisa Daft, DMD & Associates, PC

520 Taunton Ave

Seekonk, MA 02771

508-336-7260 Fax: 508-336-5970

Date: _____ Patient/Guardian _____

(Signature)