

Pineland Family Dentistry
49 Farm View Drive, Suite 303
New Gloucester, ME 04260
Tel: (207) 688-4640
info@pinelanddentistry.com

I authorize _____

Name of Dental Practice

to release my dental records to Dr. Gregory Goding of
Pineland Family Dentistry.

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Signature of Patient (Parent or Guardian)

Date: _____