

Pineland Family Dentistry  
49 Farm View Drive, Suite 303  
New Gloucester, ME 04260  
Tel: (207) 688-4640 Fax (207) 688-4616

I authorize \_\_\_\_\_

(Name of Dentist or Dental Practice)

to release my dental records to Dr. Gregory Goding of Pineland Family Dentistry  
Email address: info@pinelanddentistry.com

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: \_\_\_\_\_