



Liberatore
FAMILY DENTAL

2911 Route 9 • Ballston Spa, NY 12020
phone: 518.580.9570 • fax: 518.580.9574
www.liberatorfamilydental.com

Records Release Authorization

To: _____

I hereby request and authorize the release of my clinical records and radiographs concerning my past dental treatment at your office to:

Liberatore Family Dental
2911 Route 9
Ballston Spa, New York 12020

Patient(s) Name(s): _____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

Signature: _____

Date: _____