



**Liberatore**  
FAMILY DENTAL

2911 Route 9 • Ballston Spa, NY 12020  
phone: 518.580.9570 • fax: 518.580.9574  
www.liberatorefamilydental.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: \_\_\_\_\_