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Norwich, CT 06360
Tel: 860.886.2497
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Norwich Family Dental
ASSOCIATES

Richard T. Snayd, D.D.S.
Ted B. Fischer, D.M.D.
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REQUEST FOR COPY OF PREVIOUS DENTAL RECORDS

Requesting records from: Doctor _____

Address _____

*INCOMPLETE INFORMATION MAY RESULT IN THE DELAY OF THE RECEIPT
OF YOUR RECORDS*

Phone _____ **FAX** _____

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: _____ **D.O.B.** _____

Name: _____ **D.O.B.** _____

Name: _____ **D.O.B.** _____

Name: _____ **D.O.B.** _____

Patient/guardian please fill out:

Reason for Transfer of Records: (optional) _____

Please forward records to: NORWICH FAMILY DENTAL ASSOCIATES

17 LAFAYETTE STREET

NORWICH, CT 06360

Tel: (860) 886-2497 FAX: (860) 886-6591

Email: NFDA1@Snet.net

DATE: _____ **Patient/Legal guardian** _____
(Signature)

Date Requested by NFDA: _____ **Next Appt:** _____