Taylor Brook Dental Associates
27 Millett Drive
Auburn, ME 04210
Phone: 207-784-1577
Fax: 207-786-5214
Email: frontdesk@taylorbrookdental.com

Dental Records Release Authorization

Patient(s) Name(s)	Date of Birth

Do hereby authorize that my/our dental records be released from:

Practice Name:	Phone:
Address: City, State, Zip:	Email:

I/we release you from all legal responsibility or liability that may arise from this authorization.

Patient Signature:	Date:
Parent/Guardian Signature if <18 years of age (if needed):	Date:
Patient Signature (if needed):	Date:
Patient Signature (if needed):	Date:

*If you are leaving TBDA please indicate the reason: