



## DENTAL RECORDS RELEASE AUTHORIZATION

I authorize the release of my dental records to South Jersey Center for Dental Medicine. Please fax, e-mail or mail any recent radiographs and pertinent clinical notes to:

Fax: (856) 596-1726

E-mail: sandbergdentistry@gmail.com

Mailing Address: 525 Route 73 South, Suite 105

Marlton, NJ 08053

Thank you very much,

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_