



101 Madison Ave.
Suite 400
Morristown, NJ 07960
973-539-3911

Release of Records

I, _____, hereby authorize Dr. Paul Banks and Dr. Andrew Howard to release my dental records.

These records may include x-rays, treatment notes, charting, medical and dental history, photographs, or other notations relevant to my treatment.

These records may be:
(please check one)

? Released to my dentist / doctor:

Name of dentist / doctor: _____

Address: _____

? Sent to my home address

? Released to person authorized by me: _____

? Personally picked up records today