



Jeffrey Babushkin DDS FAGD FICOI AAACD
& Associates

www.cpdentistry.com

AUTHORIZATION FOR RELEASE OF RECORDS AND RADIOGRAPHS

Please release records and radiographs for _____ DOB _____
and send to:

*Cosmetic & Preventive Dentistry
888 White Plains Road · Suite 102
Trumbull · CT 06611
Tel 203.268.5881 Fax 203.268.4054*

Or email to:

info@cpdentistry.com

Signature (Patient or Guardian)

Date

***when emailing xrays, please send in Dexis or jpeg format**