



Adirondack

Dental Group, PC

"Smile and the world smiles with you!"

53 Spring Street • Saratoga Springs, NY 12866

(518) 584-2690 • Fax (518) 584-2150

Records Release Authorization

Patient Name to transfer: _____

Date of Birth: _____ Phone number: _____

Other family member to transfer: _____

Previous Dentist or Practice Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Please forward any of the following information that you have for the last 5 years

Bitewings, Full Mouth Series or Panoramic.

If records are digital, please e-mail to: adksara53@yahoo.com

I hereby give you permission to release any and all of my dental records to

Dr. Andy Singh, DDS

Patient Signature (parent if minor)

Date