



PO Box 323 York, ME 03909
Phone: 207.363.2406 Fax: 207.363.6037
YorkMaineDental.com

To: (Current Dentist) _____

Patient: _____

Date of Birth: _____

Release to: Atlantic Dental Associates
PO Box 323
York, ME 03909
AtlanticDental@yorkmainedental.com

Information requested: Copy of dental radiographs

Authorization: I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge.

Patient Signature: _____ Date: _____