

**FAMILY DENTAL CARE OF MILFORD, P.A.**

**William A. Green, D.M.D.**

**K. Drew Wilson, D.M.D.**

**Joshua T. Osofsky, D.M.D.**

**154 ELM STREET  
MILFORD, NH 03055  
603-673-3332  
603-672-5844 fax**

**RECORDS RELEASE FORM**

**I am requesting that my dental records and radiographs for the following patients be released and forwarded to:**

**FAMILY DENTAL CARE OF MILFORD  
PO BOX 135 / 154 ELM STREET  
MILFORD, NH 03055**

**Myself: \_\_\_\_\_ D.O.B. \_\_\_\_\_**

**Dependent: \_\_\_\_\_**

**Dependent: \_\_\_\_\_**

**Dependent: \_\_\_\_\_**

**Dependent: \_\_\_\_\_**

\_\_\_\_\_  
**Signature** **Date:** \_\_\_\_\_