

Sally M. Vail, D.D.S.
Linda J. Robson, D.D.S.
64 Washington Street
Mystic, CT 06355
(860) 536-7100
vailrobson@sbcglobal.net

Date:

To:

Phone:

From: **Dr. Vail and Dr. Robson**

Patient Name:

Date of Birth:

The above named patient has requested that you forward their records to our office.
A release is signed below.

I hereby authorized the release of my records to the office of Dr. Vail and Dr. Robson.

Signature of Patient

Date