

Albion Dental Care

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I, _____, residing at _____, authorize
the release of a copy of my dental records and any information related to my
dental health status, treatment record and radiographs. Please forward records to:

(email address - electronic records preferred)

Electronic records will be sent via secure encrypted email through Sendinc. A free
account will need to be created to access your records. If the documents are to be sent to you
and not a dental office you may authorize the documents be sent via non secure email if
you prefer. (see below)

Patient signature

Date

***IF A MINOR, PARENT OR GUARDIAN MUST SIGN.**

I authorize the records being sent to me be sent through non secure email. I understand that this means a third party may be able to access the information and read it since it is transmitted non encrypted over the Internet.

Patient signature: _____ **Date** _____