



60 Timber Lane, South Burlington, VT 05403
info@timberlanesmile.com P 802-255-8228 F 802-213-9390

Patient Release of Records

Timberlane Pediatric Dentistry & Orthodontics is dedicated to developing long-term relationships with our patients. If this is not possible because of a change in your insurance coverage, relocation, or other reasons, we are happy to forward your dental records to you or a designated provider.

I, _____, **authorize**

Timberlane Pediatric Dentistry & Orthodontics to release the records for the following:

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient Name: _____ **DOB:** _____

Patient/Guardian Address: _____

Email Address: _____ **Phone Number:** _____

Patient/Guardian Signature: _____ **Date:** _____

Please send records to:

Name: _____

Address: _____

Phone/Fax number: _____ / _____

Email address: _____

Please check the reason for release of records: Change of Insurance ____ **Moving** ____

Other: _____