



Dr. Nadarajah Ganeshkumar  
750 Central Ave Suite #K, Dover, NH 03820

## Records Release/ Request

I hereby authorize the release of my child's or my own dental records to/from:

Dover Pediatric Dentistry & Orthodontics  
750 Central Ave Suite #K  
Central Commons  
Dover, NH 03820  
Tel. (603) 743-6000  
Fax (603) 516-5690

If releasing records to another office:

To: \_\_\_\_\_  
(Office Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Print Name of Patient: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_