

Benton Family Dental

149 Portsmouth Ave.

Stratham, NH 03885

(603) 772-3264



Records Release to Our Office

Previous Dentist:

(Office/Dentist Name, address, and office phone number)

I hereby request that my and/or my family's dental records be released to:

Christopher Benton, D.M.D.

149 Portsmouth Ave. Stratham, NH 03885

T : (603) 772-3264 ~ EMAIL: info@bentonfamilydental.com ~ F : (603) 418-6316

Please send records for:

Patient Name:

Date of Birth:

Patient signature: _____

(or guardian if applicable)

Date: _____