

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: _____