

Benton Family Dental

149 Portsmouth Ave.
Stratham, NH 03885



To: _____
(Name, address, and phone number of prior dentist)

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

(603)772-3264 / EMAIL: info@bentonfamilydental.com / FAX: 603-418-6316

Records release for:

Name:

Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

Thank-you,

Patient/guardian signature:

Date:

***If possible, please send all records as individual JPEG images. Thank you!**