



Jo-Anne Johnson D.M.D.
FAMILY DENTISTRY

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Bedford, NH 03110
(603) 471-6000

Release of Records

Date _____

Patient's Name _____ Date of Birth _____

Additional:

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Patient's Name _____ Date of Birth _____

Please forward my records to

New Dentist Name/Office Name _____

Email Address _____

Patient Signature _____

(or Guardian Signature if patient is a minor)