

# Dental Records Release

I \_\_\_\_\_ authorize the release of my dental x-ray records and request that they be transferred to:

Dr. Thomas G. Schell & Dr. Patrick C. Noble, PLLC  
31 Old Etna Road, Suite N1  
Lebanon, NH 03766

(603) 448-3800

[appointments@schellnoble.com](mailto:appointments@schellnoble.com)

\_\_\_\_\_  
(Patient or Guardian Signature)

\_\_\_\_\_  
Date