**David H. Pier, DMD**
DavidPierDMD@northponddental.com
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RebeccaLaliberteDMD@northponddental.com
**Stacey N. Stevens, DDS**
StaceyStevensDDS@northponddental.com

# Release of Records Form

Date_____

I, _____, give permission to have my records and x-rays from _____ forwarded to North Pond Dental Care, along with the family members listed below. Thank you for your assistance.

Signed _____

Date of Birth _____

Additional family members:

Name _____Date of Birth _____

Name _____Date of Birth _____

Name _____Date of Birth _____

If records or x-rays are digital, please email to: kelly@northponddental.com

Or Mail/Fax to:

North Pond Dental Care
PO Box 160
Warren, ME 04864
Ph: 207-273-1444
Fax: 207-273-1490

PO Box 160  Warren, ME 04864  207-273-1444 phone  207-273-1490 fax
www.NorthPondDental.com