



Rebecca J. Woodward, D.M.D.
Adam S. Kaufman, D.M.D.

11 Wells Street • PO Box 2058 • Westerly, RI 02891-0917 • Phone 401-596-0888 • Fax 401-596-9710

Request for Release of Records

I, hereby, release all dental records, including radiographs and daily treatment notes, from the office of Dr. _____, located at
(Previous Dentist)

(Address of Previous Dentist)

to Rebecca J. Woodward, D.M.D. and/or Adam S. Kaufman, D.M.D.
I also release you from all legal responsibility or liability that may arise from this authorization.

Please send my records to:

Rebecca J. Woodward, D.M.D.
Adam S. Kaufman, D.M.D.
11-4 Wells Street
P.O. Box 2058
Westerly, RI 02891
Phone: (401) 596-0888
Fax: (401) 596-9710

Signature _____ Date _____
(Patient or Person Authorized to Consent for Patient)

Patient's Name _____
Address: _____
