Kevin H. Norige, D.M.D.
112 Deming St.
P.O. Box 791
South Windsor, CT
(860)644-0113

RELEASE OF RECORDS AUTHORIZATION

I, the undersigned, authorize any and all records to be released to Dr. Kevin H. Norige, D.M.D.

DATE:_____

PATIENT NAME:_____

DOB:_____

SIGNATURE:_____

PREV. DENTIST'S NAME:_____

ADDRESS:_____

PHONE:_____

Please forward current radiographs and other related treatment information via mail to P.O. Box 791, South Windsor, CT 06074 or email them to southwindsorsmiles@icloud.com