

Columbia Street Dental Group
876 Columbia Street
Hudson, NY 12534
(518) 671-6002

Request for Records

I, _____, am hereby requesting a copy of my patient records/radiographs be sent to :

Columbia Street Dental Group
876 Columbia Street
Hudson, NY 12534
Or

pennyc@columbiastreetdentalgroup.com
christinep@columbiastreetdentalgroup.com
rochelleh@columbiastreetdentalgroup.com

I fully acknowledge that these records are being released to the above mentioned dental practice.

(Signature)

(Date)