

LELAND

D E N T A L

CREATING ULTIMATE SMILES

Robert S. Leland, DMD, PC
51 Mill Street, Suite 10
Hanover, MA 02339
781-826-8395
781-829-8996 FAX
www.LelandDental.com



Member

Request to Release Records

Date _____

Name _____

Address _____

DOB _____

Please send the records and x-rays for the above patient to:

Robert S. Leland, DMD, PC
51 Mill Street, Suite 10
Hanover, MA 02339

Signature of patient or guardian