

# Children's Dentistry Of Sanford, LLC



Mark S. Lucier, D.M.D.  
Megan J. Lucier, D.M.D.  
955 B Main St  
Sanford, Maine 04073  
Telephone: (207) 324-0026  
Fax: (207) 324-0013

I, \_\_\_\_\_, authorize Children's Dentistry of Sanford, LLP to  
(print name)

**obtain/release** records (radiographs, clinical notes, etc.) pertaining to minor child(ren)

\_\_\_\_\_.

Records should be obtained/released from/to:

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

Limitations (if any): \_\_\_\_\_

I understand that this release will be in effect until such time as it is revoked by me in writing.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Date)