

Marblehead Dental, P.C.
Fern E. Selesnick, D.M.D.
37 School Street
Marblehead, MA 01945
781/631-7950

I, _____ Date of birth _____

residing at _____
authorize the release of my dental records and any information related to my health history, dental health status and radiographs.

Please forward to:

STAFF@MARBLEHEADDENTAL.COM

Patient Signature _____

Date _____