

FAX 203-834-1255

Date _____

To: _____

Please release and forward my dental records to:

frontdesk@maxdental.org
(in Dexis if available) or mail to
MaxDental
Dr. Michael Maksymiuk
151 Old Ridgefield Road
Wilton, CT 06897

For

Name(s) _____

Address _____

Signature _____