

Brad A. Heim D.M.D., M.A.G.D.

John P. Carroll D.M.D.

36 Welles Street Suite 240

Glastonbury, CT 06033

860-633-2031

Release of Records:

I, _____

Date of Birth _____

request copies of my dental records and x-rays be sent to:

Brad A. Heim D.M.D., M.A.G.D.

John P. Carroll D. M.D.

36 Welles Street Suite 240

Glastonbury, CT 06033

Or via e-mail: info@glastonburysmiles.com

Thank you,