



DR. NICHOLAS CIANCARELLI

### RELEASE OF RECORDS

I, \_\_\_\_\_ DOB: \_\_\_\_\_

Authorize: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Disclose to:

Back Bay Dental  
51 Mill Street, Suite 2  
Wolfeboro, NH 03894  
backbaydentalnh@gmail.com

- \_\_\_\_\_ Bitewings from past year
- \_\_\_\_\_ PANO from past five years
- \_\_\_\_\_ FMX from past five years

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Parent/Legal Guardian/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_