



LOCKWORKS
DENTAL GROUP
Restorative & Cosmetic Dentistry

Vincent G. Sotero, D.M.D.

1224 Main Street, Suite 1
Branford, CT 06405
203-483-9069

Dental Records Release Form

Patient Name to transfer: _____

Date of Birth: _____ **Phone number:** _____

Other family members to transfer: _____

Previous Dentist or Practice Name: _____

Address: _____

City / St / Zip : _____

Phone number: _____

Please forward any of the following information that you have: x-rays, probing depth chart, charting, and photographs to Vincent G. Sotero, D.M.D.

If records are digital, please email to: smile@lockworksdentalgroup.com

Or mail to: **Lockworks Dental Group**
Vincent G. Sotero, D.M.D.
1224 Main Street, Suite 1
Branford, CT 06405

I hereby give you permission to release any and all of my dental records to Dr. Sotero.

Patient Signature (parent if a minor)

Date