Simsbury Family Dentistry, PLLC

Michael J. Williams, D.M.D.
965 Hopmeadow St.
Simsbury, CT 06070
P# 860-658-7833
F# 860-651-3523

Dental Records Release

Patient Name:_____DOB_____

I authorize _____

Phone:_____Fax:_____

To disclose my Dental xrays to: **Simsbury Family Dentistry**

Please email x-rays to: **familydentistry.williams@yahoo.com**

Signature of Patient/Guardian/Legal Rep.

_____**Date:**_____

Appt Date:_____