



the  
**ENDODONTIC GROUP**

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## Authorization to Release records and X-rays

Each adult patient must sign his/her own Authorization to Release form

Requesting records from:

The Endodontic Group.  
55 Main Street  
Framingham, MA 01702

16 Congress Street  
Milford, MA 01757

Authorized to release records and x-rays to:

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Information:

Patient Signature \_\_\_\_\_

### Framingham

55 Main Street • Framingham, MA 01702  
t: 508.872.4897 • f: 508.620.9261

[www.theendogroup.com](http://www.theendogroup.com)

### Milford

16 Congress Street • Milford, MA 01757  
t: 508.473.8100 • f: 508.473.1298