

**Greater Baltimore Prosthodontics, PA**  
Drs. Linnan, Brooks & Rostami

**West Road Corporate Center**  
110 West Rd, Ste 200  
Towson, Maryland  
21204  
(410)296-0136  
gbp@mpldds.com

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## **PATIENT AUTHORIZATION TO RELEASE DENTAL RECORDS**

Patient Name: \*

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Address: \*

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Date of Birth: \*

Date of Request: \*

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Name and address of previous  
Dentist/Dental Office: \*

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I hereby authorize and request \_\_\_\_\_  
to forward all dental records (radiographs, clinical notes and treatment history) taken in  
the last five years to:

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Towson, MD 21204  
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e-mail: gbp@mpldds.com

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Signature of Patient or Parent

Date