

Eric M. Staeben DDS
39 Baribeau Dr.
Brunswick, Maine 04011
Phone: 207.729.4144
Fax: 207.449.1758
staebendds@mdofficemail.com

Records Release

Patient Name: _____ DOB: _____
(Please print)

By signing this form I am hereby authorizing the release of my records to: Dr. Eric M. Staeben

_____ # _____
(Previous dentist name and contact #)

___ please include records for all my minor children

Signature _____ Date _____

Please include all x-rays taken in the last 5 years.

Please send records electronically whenever possible to:

staebendds@mdofficemail.com