



**BAGLEY  
GOODWIN &  
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*family centered general dentistry*

## RELEASE OF DENTAL RECORDS

I, \_\_\_\_\_ DOB \_\_\_\_\_ authorize the office of Drs. Bagley, Goodwin & Hrinda to obtain my records and radiographs from:

\_\_\_\_\_  
Dentist's name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

Please send most recent BWX and FMX radiographs. If x-rays are in digital format, please email in Dexis or jpeg format to: [frontdesk@bghdental.com](mailto:frontdesk@bghdental.com). Thank you.