

**Pamela Weitzel, D.M.D.**  
**656 Main Street**  
**Contoocook N.H. 03303**  
**drpamelaweitzel@comcast.net**  
**(603) 746-4674**

**Date** \_\_\_\_\_

**I** \_\_\_\_\_, **DOB** \_\_\_\_\_

**Hereby authorize the release of my records and x-rays and or copies and request they be emailed to drpamelaweitzel@comcast.net.**

**Patient's signature** \_\_\_\_\_