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Roslyn, NY 11576
Phone 516.466.1177
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DENTAL RECORDS RELEASE FORM

This is to authorize the release of my dental records and x-rays to Dr. John Chicvak. Please release them to the address above within the next 10 days.

Thank you for your prompt attention.

Patient Name (please print): _____

Patient Address: _____
Street Apt #

City State Zip Code

Patient/Guardian Signature: _____ Date: _____