

Release of Records

Date: _____

Dr. _____

Address: _____

Dear Office Manager:

Re: _____
Patient Name Date of Birth

I hereby authorize the release of my dental records (both xrays and written records) in your office to the following:

Alfonso J. Perna DDS
Michael C. Perna DDS
55 Oak Street
Binghamton, NY 13905

Thank you for your cooperation.

Sincerely,

Signature

Date