

RELEASE OF RECORDS

DATE: _____

DR. _____

ADDRESS: _____

DEAR OFFICE MANAGER,

RE: _____ **DOB:** _____

**I AUTHORIZE THE RELEASE OF MY DENTAL RECORDS,
(BOTH X-RAYS AND WRITTEN RECORDS) IN YOUR OFFICE, TO
THE FOLLOWING:**

**PERNA DENTAL LLC
55 OAK STREET
BINGHAMTON, NY 13905-4627**

--OR--

**EMAIL DIGITAL RECORDS TO:
drperna@drperna.com**

THANK YOU FOR YOUR COOPERATION.

SINCERELY,

SIGNATURE

DATE