

**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](mailto:drperna@drperna.com)**

**THANK YOU FOR YOUR COOPERATION.**

**SINCERELY,**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**