

## **DENTAL RECORDS RELEASE**

Previous Dentist Name:	-
Phone Number:	-
You are authorized to release my complete dental records	
То:	
DePalma Dental, L.L.C.	
500 Franklin Avenue, Suite #3	
Berlin, MD 21811	
410-641-3222	
Fax: 410-641-4458	
Email: contactus@depalmadental.com	
PATIENT'S NAME:	
DATE of BIRTH:	
Signature (Patient or Guardian)	ate