

Dear Dr. Gatti,

Please release any information in my records relating to my diagnosis and treatment history to:

\_\_\_\_\_  
(Office Name)

\_\_\_\_\_  
(Office Address)

\_\_\_\_\_  
(Office City, State, Zip)

\_\_\_\_\_  
(Office Telephone Number)

\_\_\_\_\_  
(Office Fax)

\_\_\_\_\_  
(Office email address - this is critical)

**(Please Send The Following Through Mail, Fax, or Email)**

Dental Records     Panoramic X-ray  
                           BWX-ray

Medical Records     Polyonography - Study summary and interpretation pages

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Signature)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_