

Dear Dr. Salava / Lawrence Dental Studio,

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 Telephone)

(Office Email)

Please send the following either through mail, fax or email:

Dental Records: Panoramic X-ray BW X-Ray

Medical Records Polysomnography – Study Summary & Interpretation Pages

(Printed Name)

(Date of Birth)

(Signature)

(Date of Signature)

Comments: