

Violeta Garcia-Lepore, D.D.S., PLLC

Request for Release of Dental Records and Radiographs

Patient's Name: _____

Patient's D.O.B: _____

I authorize: _____

(Previous dentist's name)

(Office Address)

(Office phone number)

To release my dental records to:

Violeta Garcia-Lepore, D.D.S., PLLC
2425 Clover Street
Rochester, NY 14618
Phone: (585) 271-0549
Fax: (585) 271-3097
Email: Drvgarcia@rochester.rr.com

Patient's signature: _____ Date: _____