



ERINGATE
DENTAL
CLINIC

.....
Date

Dear Dr.

I, (Mr./Mrs./Miss) do hereby authorize the release of my dental documents, to Eringate Dental Clinic, including x-rays. Please also forward detailed information about the services rendered on my last appointment.

Kindly forward my family's dental records as well.

Yes

No

Should you have any concern about this, please contact Dr. Razon-Clemente.

Thank you,

.....
PATIENT

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...Good health to you and your household