

Steven J. Oshins, D.D.S., P.C.

Date:

To Whom It May Concern:

Our mutual patient _____ has authorized the release of any x-rays (FMX, PANO, or BW's), recent periodontal charting and any other pertinent dental or health information to our office.

Please forward the information to our office as soon as possible as our patient has an appointment scheduled on _____.

If you have any questions or concerns, please feel free to contact me.

Thank you.

Steven J. Oshins, D.D.S., P.C.

Patient Signature _____ DOB _____

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