RECORD RELEASE REQUEST

Date: _____

Doctor: _____

Phone: _____

Fax: _____

I authorize the release of dental records (including X-rays) and medical records relevant to dental treatment to be transferred to:

White Oak Family Dentistry

Robert J. Luszczak, D.D.S.

10718 White Oak Avenue, Suite 1

Granada Hills, California 91344

Phone: 818-363-7484

Fax: 818-366-8465

_____ _____

Print Name of patient Authorized Signature