



**Dr. Sara Syed**  
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To the attention of Dr. \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ formally request the release of my dental records/radiographs and those of my family members (listed below):

\_\_\_\_\_

Please include:

Panorex taken within the last 5 years \_\_\_\_\_

BW/PA's taken within the last year \_\_\_\_\_

Last completed oral exam \_\_\_\_\_

Last recall \_\_\_\_\_

Last scaling \_\_\_\_\_

Thank you.

Patient/ Parent/Guardian Signature \_\_\_\_\_