## **Emerson Dental**

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To Whom It May Concern; Please forward all dental records for:


including x-rays charting and any current information to Emerson Dental, at the address listed above. Please email x-rays if possible in at jpeg format.

The signature below will authorize the release of my personal records. A copy or fax transmission of this document will serve as valid notification.

Signature and Date Requested

Thank you for your cooperation.