Causeway Dentistry

Records Release Request

I request the release of my dental records and any current x-rays from the dental office of:

From: _____

Phone: _____

Fax: _____

Email: _____

TO:

Earl P Santos DMD
2535 Landmark Dr.
Suite 104
Clearwater, Fl 33761
727-791-1450
causewaydentistry@gmail.com

Patients Name: _____

Date of Birth: _____

Patient Signature: _____ Date: _____