

Records Release Authorization to Shirer Family Dentistry, LLC

Ι,	, respectfully request the release of all	my records
(treatment progress r Family Dentistry, LI	notes and radiographs) that you have on file to the office LC from the office listed below. Please forward any digit to Shirer Family Denstistry (frontdesk@shirerfd.com	of Shirer tal images in
jpeg format by eman	to similar running bensaising (invitatesing similar runcom	,
Patient		
Date of Birth		
Address		
Telephone		
Records released fro	m the office of:	
Dentist		
Address		
Telephone		
Thank you for releas	sing my records to Shirer Family Dentistry, LLC.	
Thank you for follows	ing my records to biller railing bentistry, bbc.	
Signature		
Date		