



**Yanik Dental**  
"Friendly and Caring"

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

**Dear Office of:**

\_\_\_\_\_

I, \_\_\_\_\_  
authorize your office to release my dental records, including any recent  
x-rays, to:

**Thomas J. Yanik, DDS**  
**2 Concorde Way, Bldg. #1**  
**Windsor Locks, CT 06096**  
**860-623-1116**

**Records and x-rays can also be sent by e-mail to:**

[office@yanikdds.com](mailto:office@yanikdds.com)

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_