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Request for Release of Dental Records and/or X-rays for:

Name Date of Birth

Please release my dental records and/or x-rays related to treatment rendered by you or under your supervision. This information will be used to further assist in my treatment and should be e-mailed and/or mailed to:

Hcfdmd@oradelldentistry.com

Dr. H. Craig Froomjian
One Kinderkamack Road
Oradell, New Jersey 07649

Signature

Date