

To Whom It May Concern:

This written request authorizes the office of Doctor _____
to release copies of my dental x-rays (full mouth and most recent bitewings) and
periodontal probing to:

Gerard M. Cuomo, DDS
900 NW 13th Street, Suite 301
Boca Raton, FL 33486
E-mail: mailbox@gcuomodds.com

Thank you for your prompt attention to this matter.

Printed Name of Patient: _____

Signature of Patient: _____

Date: _____