



Date:

| Date: |
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| To Whom It May Concern: |
| Please release my medical and or dental records, including x-rays and ledge entries (procedures performed and billed). |
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| |
| Patient Name |
| |
| Datient Circustum |
| Patient Signature |
| Please send all records to: |
| Millbrae Dental Care |
| 88 Capuchino Dr. |
| Millbrae CA 94030 |

Digital x-rays can be sent to info@millbraedentalcare.com