

## Dr. Brandon Ellis • Dr. Jeffrey Rubino

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## **RECORDS REQUEST FORM**

Date:			
To: (previous dentist/dentis	st office)		
Address:			
City:		State:	Zip
Phone:	F	-ax:	
I authorize the release of markets, or copies of such, a	· ·		ding <b>clinical notes &amp;</b>
	Longmeadow Fa	mily Dental Care	
	images@logmea	adowdental.com	
Patient's Name: (print)		Date of birth :	
Signature: (patient, parent, g	uardian)		