Camillo L. Fontana, DMD, LLC
Family Dentistry

Dental Records Release

Patient:_____

D.O.B._____

I, _____authorize the release of my dental records and x-rays to:

Camillo L. Fontana, DMD, LLC
1100 Kings Highway East, Ste. 3A
Fairfield, CT 06825
203-333-4700
office@fontanafamilydentalcare.com

Please send radiographs in ---Dexis or JPEG format

_____ _____
Patient Signature Date