



FAMILY, IMPLANT & COSMETIC DENTISTRY

Fadi Raffoul, D.M.D. | Sanford Schwartz, D.D.S.
CREATING BEAUTIFUL SMILES SINCE 1979

Dear Dr: _____

You are hereby released, authorized and requested to send all of my **records** and **radiographs** to the dental office of:

Family, Implant & Cosmetic Dentistry
Oak Park Plaza, 787 West Lumsden Road, Brandon, FL 33511-6261

Email: info@implantandcosmeticdentistry.com

Thank you for your cooperation.

Sincerely,

Please print name: _____

Witness: _____

Witness: _____