

To whom it may concern:

I authorize the release of all dental records and x-rays for \_\_\_\_\_ and request that these records and x-rays be forwarded to the below named dentist.

Thank you for your prompt attention.

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Please forward all dental records and x-rays to:

***Art & Science Dentistry***

Stephen Dautel, D.D.S.

1631 Crescent Road

Clifton Park, NY 12065

(518)371-1275

Fax (518)371-1806

**If possible, please e-mail x-rays and photos to:**

**[stephendauteldds@nycap.rr.com](mailto:stephendauteldds@nycap.rr.com)**