Connie F. Cicorelli, D.D.S., P.A.,

1401 Silverside Road•Silverside Professional Park • Wilmington, DE 19810
email: office@cicorellidental.com • fax#: (302) 798-9232

To: _____ Date: _____

_____

_____

Dear _____:

The patient listed below has come to my office seeking dental treatment. Any information, especially copies of records or radiographs would be greatly appreciated. Please call (302) 798- 5797 if you have any questions.

Sincerely,

Connie F. Cicorelli, D.D.S.

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request you to transfer my complete dental records to Connie, F. Cicorelli, D.D.S., P.A. at the address listed above.

Name: _____

Address: _____

Signature: _____

Date: _____