

Jay Piskin D.D.S.
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Floral Park, NY 11001
(516) 354-1213 (516) 354-0015 fax

RECORD RELEASE FORM

To: (Previous dental office)

Record release for: _____

I hereby authorize and request you to release my dental x-rays and treatment records to Jay Piskin D.D.S.

Patient signature: _____ Date: _____

I would appreciate any additional information you feel would be of value to Dr. Piskin, in the continuation of my dental care.