

HERITAGE DENTAL
800 N. Main Street
Antioch, Illinois 60002
847-395-1461
Fax 847-395-9255
heritagedentalantioch@comcast.net

Kenneth W. Jazdzewski, D.D.S.
Daniel J. Boarini, D.D.S.
Mark A. Boarini, D.D.S.
Reinhold D. Fischer, D.D.S.

PATIENT RECORDS & X-RAY REQUEST FORM

Date: _____

Request to Office/Dr. _____

Address: _____

This letter is to request copies of records and x-rays for our patient,

_____, DOB _____.

This is a signed confirmation from patient/or guardian for permission to release all patient records and x-rays to our office at your earliest convenience. All information can be mailed or e-mailed to us. We appreciate your immediate attention of our request.

Thank you,
Heritage Dental

Patient/or Guardian Signature: _____