

DENNIS R. LUCAS, D.M.D
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Authorization For The Release of X-rays & Records

Thank you for your care and skill as my dentist. I am under the professional care of Dennis R. Lucas, D.M.D. in Naples, Florida. Please forward my dental notes and radiographs to the address indicated on the bottom of this letter so that their office can coordinate my dental care.

Your continued professional support and understanding with this request are greatly appreciated.

Dated this:

Patient's Guardian Signature: _____

Patient's Printed Name: _____

DOB:

PLEASE EMAIL ALL X-RAYS AND PHOTOGRAPHS TO
DRLUCAS@HOTMAIL.COM OR NON-DIGITAL X-RAYS MAY BE MAILED TO
THE ADDRESS LISTED ABOVE