

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 Signature: _____

Patient's Printed Name:

DOB:

PLEASE EMAIL ALL X-RAYS AND PHOTOGRAPHS TO info@drdennislucas.com
OR NON-DIGITAL X-RAYS MAY BE MAILED TO THE ADDRESS LISTED
ABOVE