

Fairway Dental Care

DENNIS R. LUCAS, D.M.D.
1000 TAMiami TRAIL N, #302
NAPLES, FL 34102
(239) 262-5851

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 Fairway Dental Care, Dennis R. Lucas, D.M.D. in Naples, Florida. Please forward my dental notes, radiographs and photographs 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 E-Mail all pertinent information listed above to:

Fairwaydc@mydentalmail.com

Thank you!