

DR. ANTHONY "TONY" DIPASQUALE

**115 CAPRON TRAIL
MELBOURNE, FL 32940**

OFFICE: (321) 259-5100

FAX: (321) 259-3567

DENTAL RECORDS RELEASE

PATIENT: _____

BIRTHDATE: _____

DENTAL OFFICE: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

- I give permission to forward any x-rays and other information to Dr Anthony DiPasquale
- I give permission to release dental x-rays and other information regarding my dental health.

Please sign and fax back to our office at (321)259-3567

Please email digital records to: INFO@DRTONYDIPASQUALE.COM

SIGNATURE: _____

DATE: _____