

Dr. Shawn Lee DMD

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Records Release

Dear Dr. _____,

I hereby authorize the release of my dental records, periodontal charting, inter-provider communications, and most current radiographs for myself and the following members of my family:

Please send these records to: allaboutsilesak@gmail.com or fax to 907-276-3808

Thank you,

Signature

Printed Name

Date of Birth