



Elizabeth Patino, DMD, PA

Records Release Authorization:

Patient Name _____

Patient Address _____

Date of Birth _____ Social Security Number _____

I am requesting the following dental records:

- Copy of my chart
- Current Digital X-rays and email them to "epdentistry@live.com"
- I would like to personally accept my dental records and current x-rays.
- I would like for you to mail my dental records and current x-rays to:

Dr. Elizabeth Patino
7109 NW 11th Place. Suite F.
Gainesville, Florida 32605
Email: epdentistry@live.com

Patient Signature _____ Date _____