



Polaski Dental Group, PLLC
8 Ulster Avenue
Saugerties, NY 12477
845.246.3070
www.polaskidental.com

Release of Records

Date: _____

Dear Dr. _____:

I am requesting that a copy of the dental records and pertinent radiographs belonging to

_____ be released to:

Polaski Dental Group, PLLC
8 Ulster Avenue
Saugerties, NY 12477
845-246-3070 Office
845-246-6014 Fax
<mailto:debbie@polaskidental.com>

Thank you for your prompt attention to this request.

Signed: _____ Date: _____

Print name: _____

Relationship to patient: _____