

To: Dr. _____

I _____ hereby release my
records from the office of _____

To be sent to Roy C. Lusch, DDS.

Please send all radiographs with in the last 5 years for the above mentioned patient. Please include the last prophylaxis or indicate if the patient is a periodontal maintenance patient. Please disclose the dates of SRP if the patient was seen in your office for periodontal scaling and root planning. Thank you.

Pt. Signature: _____ Date: _____