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Avon Village Family Dentistry

To Whom It May Concern:

I, _____ (D.O.B.): _____, hereby authorize the release of my dental records and x-rays to be sent to the office of:

Avon Village Family Dentistry PC
Ann M. Sagalyn, DMD & Lauren E. Mentasti, DMD, MPH
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Please email in jpeg format if you have the capability: info@smileavon.com

Signature

Date

Previous Dentist Information: