

Daniel B. Levitt, D.D.S.  
160-34 Willets Point Blvd  
Whitestone, N.Y. 11357  
(718) 746-6066

**Release of Records**

Patient: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Please release all of my dental treatment records, including diagnostic x-rays and other material, notes and copies of medications prescribed, to Dr. Levitt. I understand that original records and x-rays are your property. I agree to accept copies and to pay reasonable fees for such copies.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date