



Patrick L. DelFlore, D.D.S.

When Your Friends Are Eating Applesauce, You'll Be Eating Apples!

Request for Release of Dental Records

I, _____, authorize _____
(Patient Name) (Office Name)

to release my dental records in their entirety, including most recent radiographs,
to Dr. Patrick DelFlore.

Signed: _____ Date: _____

Please send records by email as jpeg images to **patrickdelflore@gmail.com**.

Dr. Patrick DelFlore, DDS

931 Centre Circle

Altamonte Springs, FL 32814

(407) 788-8388