



Andrew P. Galante, D.M.D., F.A.G.D.
FAMILY & COSMETIC DENTISTRY
Caring for this community for over 30 years

Date: _____

To: _____

RECORDS RELEASE

I, _____, authorize the above mentioned dental office to
(print name of patient)
release and send my dental records and x-rays to the office of Andrew P. Galante,
D.M.D. for future diagnostic evaluations. Please mail to 31-D Mountain Blvd, Warren,
NJ 07059.

Signed,

(date)