

James W. Betancourt, DMD, MS

Diplomate of the American Board of Periodontology
Periodontics / Implant Surgery

REQUEST FOR RECORDS

DATE : _____

RECORD RELEASE FOR: _____.

I hereby authorize and request this office _____

to release from my file copies of the following records: _____

Please send records to :

James W. Betancourt, DMD, MS
70 Royal Palm Pointe, Ste. B
Vero Beach, FL 32960-4256

Patient's Signature

Witness