



Elizabeth P. Gladnick, DMD
Thomas B. Gladnick, DMD
15215 Shady Grove Rd. Suite 103
Rockville MD, 20850
301-963-0800

Authorization for Release of Dental Records

To: _____
Previous Dentist's Name

office phone number

office fax number

Re: _____
Patient's Name

Patient Date of Birth _____

Dear Doctor:

Please e-mail a copy of my dental records and X-rays to:

admin@gladnickdentistry.com

If you have any questions or concerns, please call Gladnick Family and Cosmetic Dentistry at
(301) 963-0800.

Thank you for your cooperation and time.

Signature

Date

Relationship to Patient