

James M. Blake, D.D.S., PC
247 Buffalo Street
Hamburg, New York 14075

(716) 648-2600
E-mail: office@myhamburgsmile.com

Date _____

TO: _____

RE: _____

The above patient was recently seen in our office for continuation of care.

It would be greatly appreciated if you would forward all recent dental X-rays and pertinent information which might be helpful in planning future services.

Sincerely,

James M. Blake, D.D.S.

RELEASE OF INFORMATION FORM

I hereby authorize and permit the release of treatment information and dental records, or copies thereof, to **James M. Blake, D.D.S.**

Signature: Patient, Parent, Guardian

Date