Paul E. Deratnay B.Sc., D.D.S. Dentistry Professional Corporation

Family & Cosmetic Dentistry

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Date:

Re: Transfer of Records

Dear Dr._____

We are currently treating_____, a former patient of your office. This correspondence authorizes your office to kindly release all dental records to the above noted dental office.

Thank you for your timely response.

Sincerely,

_____ _____

Dr. Paul Deratnay Patient/Parent/Guardian