



Dan Massie, DMD

200 N Giant City Rd
Carbondale, IL 62902
(618)529-2711

Date: _____

Patient: _____ DOB: _____

Signature : _____

I hereby request release of records to Massie Dental:

Bitewings: _____
Panoramic: _____
FMX: _____
Exam: _____
Prophy: _____

If you need any further information, please contact the office and they will do our best to assist you. E-mail info.MassieDental@gmail.com or call 618-529-2711

Sincerely,