Dr. Alan Litvinov
126 Jackson Road Ext.
Penfield, NY 14526
Tell# 585-377-2114
Fax# 585-377-5501

Patient's name: _____

Patient's date of birth: _____

Dear Doctor,

I hereby authorize you to release any information or records regarding my dental treatment to Dr. Alan Litvinov's office at the above address. Please send any current x-rays or any information that would be helpful in my dental treatment

Thank you for your cooperation.

_____ _____

Patient, Parent or Guardian signature date

Digital Image Information: Please send digital x-rays in the printed format in color. CT images must be accompanied by certified MD Radiologist pathology review letter.