

JOHN J. TORTORA D.D.S

Dentistry

Dental Records Release Form

I, _____, hereby give permission to _____ to release the following information to the office of Dr. John J. Tortora. I ask that my records be sent in a timely manner, not to delay any recommended treatment.

Please forward the following information:

Current Bitewings on record and Full Mouth Series - Please e-mail to the listed address below.

Please e-mail to tortoraoffice@gmail.com as individual images- jpeg or dexis images

Patient's Name(s)

Patient Signature (Parents if a minor)

Date

If records are digital please e-mail to: TortoraOffice@gmail.com

Or mail to:

Dr. John J. Tortora
2095 Hwy. 88
Brick, NJ 08724

Thank You!

2095 Hwy. 88 • Brick, NJ 08724 • (732) 295-1616 • Fax (732) 892-3570

tortoraoffice@gmail.com • HolisticSmilesNJ.com