



John G. Fatse DMD LLC
John S. Scovic DDS
Cosmetic & Reconstructive Family Dentistry

Release of Dental Records

To whom it may concern:

Please release my dental records, including current bitewing x-rays (in the last 12 months) and full mouth series or panoramic x-rays (in the last 5 years) to:

John G. Fatse DMD

John S. Scovic DDS

324 Elm St

Suite 202A

Monroe, CT 06468

203-268-5051

Please contact the office with any questions. Thank you.

Doctor' Name: _____

Doctor's Phone Number: _____

Patient's Name: _____

Patient's DOB: _____

Patients Signature: _____

Please email to: samantha@drfatse.net