

Smile Solutions by Emmi Dental Associates

Record Release

1601 Milltown Rd. Suite 25

Wilmington, De 19808

302-999-8113 Phone

302-999-1441 fax

I, _____ give permission to have my records transferred to Smile Solutions by Emmi Dental Associates.

**Please forward my most recent bitewing x-rays, panoramic film and/or full mouth series that is dated 5 years or less. **

Name and Date of birth of persons transferring:

Signature

Date