

zappia & fryer
general dentistry

Telephone: (518) 869-1138

Fax: (518) 869-5679

I hereby request and authorize the release of my clinical records and radiographs concerning my past dental treatment in your office to:

Kendra J. Zappia, D.D.S.
Morgan M. Fryer, D.D.S.
1 Pine West Plaza, Suite 306
Albany, NY 12205

If radiographs are digital, please email to info@zappiakarol.com

Patient(s) name(s) _____ Date of birth _____

_____ Date of birth _____

_____ Date of birth _____

Signature _____ Today's date _____