**Dental Records Transfer Authorization**

David J. Vallecorsa DDS PLLC David J. Vallecorsa DDS

4 Sunset Drive Gregory M. Vallecorsa DDS

Latham NY 12110 Jonathan D. Vallecorsa DDS

P: (518)-785-5100

F: (518)-785-5171

E: info@vallecorsadental.com

I, , am requesting that my dental records (including recent dental charting and radiographs) be transferred to the dental office of ***David J. Vallecorsa DDS PLLC*** via: secure email at info@vallecorsadental.com, fax via (518)-785-5171, and/or mail to 4 Sunset Drive Latham NY 12110.

Patient/Guardian Signature:

Patient Name (printed):

Patient DOB:

Patient Address:

Patient Phone Number:

Date:

Thank you,

 David J. Vallecorsa DDS PLLC