

RECORDS RELEASE REQUEST
FROM
DR. NORMA M. LONGO

Date: _____

I authorize the release of dental records and or x-rays relevant to dental treatment, or copies of such from:

Dr. Norma Longo
15435 Gleneagle Dr., Suite 200
Colorado Springs, CO 80921
719-481-6788
Fax: 719-488-6585

Print name of patient

Signature (patient, parent or guardian)

Please Send Records to:

