

RECORDS RELEASE REQUEST
TO
DR. NORMA M. LONGO

Date _____

I authorize release of dental records and medical records relevant to dental treatment, or copies of such, and request that they be transferred to:

Dr. Norma M. Longo
15435 Gleneagle Drive, Suite 200
Colorado Springs, CO 80921
(719) 481-6788

Printed Patient Name

Patient or Guardian Signature