

483 Scranton Avenue  
Lynbrook NY 11563  
516.599.5283

303 Beverley Road  
Brooklyn NY 11218  
718.436.5175

## Request for Duplication of Orthodontic Records

### Patient

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Authorized Representative

Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The above referenced patient and/or representative has authorized this office to request duplications of their orthodontic records. Please mail the records to our office at your earliest convenience.

Sincerely,

Neil Gorin, D.D.S.

  
  

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