SMALL TO TALL

Dentistry For Children. PLLC

Dr Alison M Harding DDS MS
Dr Adam S Ungaro DDS
Dr Aman Bhojani DDS

I_____(patient name)

request the release of my dental records to:

_____

_____

_____

(name and address of dental office)

_____

Signature_____Date _____

3171 Chili Ave., Suite 400
Rochester, NY 14624
Tel: (585)889-1290

6 Sweden Lane, Suite 2
Brockport, NY 14420
Tel: (585) 637-8125