

Dr. Gene Gutman  
2406 Bristol Road  
Bensalem, PA 19020  
(P) 215-752-5911  
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**REQUEST AND AUTHORIZATION FOR RELEASE OF DENTAL RECORDS**

I, hereby express written consent and request of relevant dental and medical records for:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please forward copies of these records to:

Dr. Gene Gutman  
2406 Bristol Road  
Bensalem, Pa 19020

\*Digital photographs or radiographs can be emailed to [info@perfectsmiles.net](mailto:info@perfectsmiles.net)

Thank you,

Patient or guardian signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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