



Kenneth M. Schweizer, DDS, PA

FAMILY & COSMETIC DENTISTRY

RECORDS RELEASE FORM

To Whom It May Concern:

My name is: _____ and I am a patient of record at your dental office. I am currently changing dentists and would like any current x-rays and any other information sent to:

Kenneth M. Schweizer, DDS
2920 Bee Ridge Road
Sarasota, FL 34239

If you have any questions, you can contact me at: _____.

Thank you,

Signed: _____

Date: _____