## Family Dental Care Park Ridge

Matthew Demas DDS, Lindsay Diaz DDS, & Brian Caraba, DDS.

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| Name and Address of Patient:  |                                     |
|---|-------------------------------------|
|   |                                     |
|   |                                     |
|   |                                     |
| Please use this as my authorization to release and follast 3 years) | rward any recent x-rays (within the |
| TO Name and Address of New Dentist:                                 |                                     |
| Family Dental Care Park Ridge<br>912 Busse Hwy                      |                                     |
| Park Ridge, IL 60068 Email to: info@parkridgedds.com                |                                     |
| Patient's Signature   |                                     |
| Date  |                                     |