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Dr. Jonas Stefani
 Dr. Ioana Fugariu
 Dr. Mona Kumar
 Dr. Pooneh Mohebbi

BY THE LAKE DENTAL PATIENT CHART RADIOGRAPH RELEASE REQUEST

Dear Dr. _____

Fax #: _____

Phone #: _____

Kindly forward my Patient Chart and/or dental radiographs and those of any of my family members, requested here, to the office listed below.

Chart	X-ray

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Send to: _____

Thank you.

Name of Patient, Parent or Guardian

Signature of Patient, Parent or Guardian

Date

Ajax
 Scarborough

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