

Dr. _____,

This letter serves as authorization for you to send a copy of my records and or x-rays to:

Ft. Myers Dental Care
Karen Wilkinson D.M.D
John F. Hyatt D.D.S
15620 McGregor Blvd Suite #135
Ft Myers, FL 33908
239-482-5900

recordsftmyersdentalcare@yahoo.com

Thank you.

Patient Name (please print)

Patient or Guardian's Signature

Date