

Lois James D.D.S.  
17 N. Atlantic Ave., Ste. 4  
Ocean View, DE 19970  
302-537-4500

### **Records Release Authorization**

Dear \_\_\_\_\_

We are forwarding the enclosed records as requested by \_\_\_\_\_.

The following information is for your records:

Date of last office visit \_\_\_\_\_

Date of last prophylaxis \_\_\_\_\_

Date of latest x-rays \_\_\_\_\_

Patient oral hygiene has been

Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If any other information pertaining to \_\_\_\_\_ dental care is needed,  
please feel free to contact my office.

Sincerely,

Dr. Lois James, DDS

Signed to release \_\_\_\_\_ Date \_\_\_\_\_