Alexiou Dental Arts

3653 Darrow Rd. • Suite 2 • Stow, OH 44224
(330) 688-0067 • (330) 688-0277 (Fax)
alexioudentalarts.com

Please accept this authorization to furnish and release any information including records and x-rays for the following patient(s) below:

Patient Name: _____DOB: _____

Patient Name: _____DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Please send the requested information by email, fax, or mail.
Email: alexioudentalarts@gmail.com

I _____ hereby authorize the release of the above information to be sent to Alexiou Dental Arts.

Signature: _____ Date: _____