

**Kantakevich, Doring, & Perez-West, P.A.**

**Joseph J. Kantakevich, D.D.S.  
Charles A. Doring, D.D.S., F.A.G.D.  
Clemetina Perez-West, D.D.S.  
11400 Rockville Pike, Suite 509  
Rockville, Maryland 20852  
(301) 881-7646**

**Dear Dr. \_\_\_\_\_,**

\_\_\_\_\_ has recently come to our dental office for their routine dental care. \_\_\_\_\_ reports that he/she had x-rays done in your office within the past two years.

Would you please forward copies of this patient's most recent dental x-rays and any other related diagnostic information that you may have. Please be assured that we will do our best to provide quality dental care to your patient.

Below is a release signed by the patient.

Thank you,

*Charles A. Doring, D.D.S.*  
*Joseph J. Kantakevich, D.D.S.*

*Clemetina Perez-West, D.D.S.*

I authorize the release of dental x-rays and other pertinent dental records so as to maximize my oral health care.

X \_\_\_\_\_