

Mary-Stuart Gallian, DMD

3925 University Drive, Fairfax, VA 22030
smilesbysmsg@gmail.com
703-273-4500 (P)
703-273-9067 (F)

Dear Doctor _____,

I hereby authorize and request the release of my dental chart. Please send my most recent dental x-rays and any pertinent chart or diagnostic information to the following address:

smilesbysmsg@gmail.com (digital preferred)

OR if not digital records:

Dr Mary-Stuart Gallian
3925 University Drive
Fairfax, VA 22030

Thank you for your assistance.

Patient Name: _____

Patient Signature: _____

Date: _____