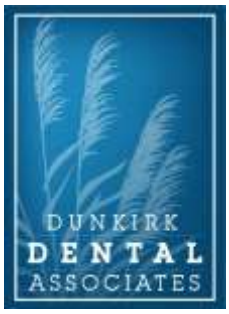

Yuey Moy, DDS ***Ashley Moy, DDS***

Mark Frazer, DDS

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Greatcare@Dunkirkdentalassociates.com

I _____ hereby request my records and or records of my minor child.

Sent From: (Name, Address, area code and phone number of dentist/person sending records)

_____
_____
_____
_____

To: (Name, address, area code and phone number of dentist/person to receive records)

_____
_____
_____
_____

I understand there may be an administrative fee applied for photo-copying pages and or duplicating x-rays. The fee of $ _____ was discussed with me and I agree to pay the fee upon record request.

_____ _____

Patient Printed Name/ Date Patient signature (Parent if minor)