## MICHAEL R. EVERETT, DDS, PC 3120 FIRELINE ROAD PALMERTON, PA 18071

PHONE: (610) 826-2001 FAX: (610) 826-2005

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	DATE:	
то:		
ADDRESS:	SS:  STATE: ZIP:  BY AUTHORIZE RELEASE OF MY  BIES OF SUCH AND REQUEST THAT THEY BE ERRED TO:  MICHAEL R. EVERETT, DDS, PC 3120 FIRELINE ROAD PALMERTON, PA 18071  SAME OF PATIENT (S)  URE parent or guardian)  DNAL COMMENTS:	
CITY:	STATE:	ZIP:
I HEREBY AUTHO	RIZE RELEASE OF MY	•••
OR COPIES OF SUC	CH AND REQUEST THAT TI	HEY BE
TRANSFERRED TO		
	3120 FIRELINE ROA	AD
PRINT NAME OF P	ATIENT (S)	
SIGNATURE		
(patient, parent or gu	ardian)	
ADDITIONAL COM	IMENTS:	
THANK YOU.		