



RELEASE OF RECORDS FORM:

GREGG G. HASSLER, JR., DMD

To Whom It May Concern:

Cosmetic, Restorative, and
Implant Dentistry

I, _____, (DOB _____)

herby release all of my written dental records, perio charting and x-rays
dating from ALL to present. Please send all of this to my new
dentist :

Dr. Gregg G. Hassler, Jr., DMD
232 Milan Ave West
Venice, FL 34285
941-486-8883- Phone
941-486-8811- Fax
hasslerjr232@yahoo.com

Thank you,

(Patient's signature) Date: _____

232 Milan Avenue West
Venice, Florida 34285
Phone: 941-486-8883
Fax: 941-486-8811