

**PLAINEDGE FAMILY DENTAL**

Gina M. Cuccurullo, DMD  
Joseph M. D'Ambrosio, DMD  
4250 Hempstead Turnpike  
Suite 7  
Bethpage, NY 11714  
516-735-3550

DATE:     \_\_\_/\_\_\_/\_\_\_

NAME:     \_\_\_\_\_

DOB:     \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request a copy of my medical record as detailed below:

\_\_\_ Full medical record

\_\_\_ Current X-rays

Please forward them to:

PLAINEDGE FAMILY DENTAL  
Gina M. Cuccurullo, DMD  
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4250 Hempstead Turnpike  
Suite 7  
Bethpage, NY 11714

Or if you prefer you may email them to:     xrays4250@gmail.com

\_\_\_\_\_  
Patient Signature

\_\_\_/\_\_\_/\_\_\_  
Date