

KAY C. BETANCOURT, DMD, MS

ORTHODONTICS

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REQUEST FOR RECORDS

DATE : _____

RECORD RELEASE FOR: _____

I hereby authorize and request this office _____

to release from my file copies of the following records : _____

Please send records to : Kay C. Betancourt, DMD, MS
70 Royal Palm Pointe, Ste. B
Vero Beach, FL 32960-4256

Patient's Signature

Witness