

605 Olney-Sandy Spring Rd. Sandy Spring, MD 20860 301-774-8555

Records Request

I hereby authorize the office of Reese Ruder, DDS & Sarika Tamaskar, DDS to receive requested information and radiographic (x-ray) records of dental treatment for:

Name of Patient		
Please	forward the following information and records:	
	From the following office:	
Name:		
Address:		-
_		_
Signature of patient, parent or legal representative		Date
Print or type name		