

## RELEASE OF RECORDS

This is a request for any pertinent information, including but not limited to x-rays for:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From the office of Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

To be released to the office of: David C. Aronson  
14 Cernon Street  
Vacaville, CA 95688  
Phone: (707) 448-6252  
Fax: (707) 448-55550  
E-Mail: [Vacasmilemaker@SBCglobal.net](mailto:Vacasmilemaker@SBCglobal.net)

Patient or guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

If further information is needed to complete this request please do not hesitate to contact our office.