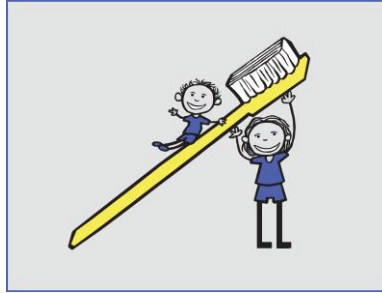


Alison M. Harding, D.D.S., M.S.

Daniel H. Glowinsky, D.D.S.



## Small to Tall Dentistry for Children, PLLC

I \_\_\_\_\_ (patient name)

request the release of my dental records to:

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(name and address of dental office)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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3171 Chili Ave., Suite 400  
Rochester, NY 14624  
Tel: (585)889-1290

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6 Sweden Lane, Suite 2  
Brockport, NY 14420  
Tel: (585) 637-8125