

**Romans & Soltani Dentistry, PLLC  
5426 West Genesee Street  
Camillus, N.Y. 13031**

I, \_\_\_\_\_, am requesting the release of my dental records to be sent to Dr. Romans & Dr. Soltani. X-rays can be emailed to : [DIETZDANI@CENTRALNY.TWCBC.COM](mailto:DIETZDANI@CENTRALNY.TWCBC.COM) or mailed to the above address. Thank you in advance for your help with this matter.

\_\_\_\_\_  
(Patient Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)