



**AUTHORIZATION TO RELEASE INFORMATION**

To,  
Dr. \_\_\_\_\_

In the best interest of our mutual patient,  
Ms. / Mr. \_\_\_\_\_, may I  
kindly request you to forward to my office, at the earliest  
convenience, the following documents:

- o FMS
- o BW
- o Panoramic Radiograph
- o Periodontal Charting / Evaluation
- o Study Models
- o Date of last C.O.E.

My humble gratitude for your cooperation in the matter.  
Our patient, the undersigned, has hereby authorized the  
release of the aforementioned.

Sincerely,

Dr. Anisa Shaikh

**PATIENT SIGNATURE** : \_\_\_\_\_

**DATED** : \_\_\_\_\_