Osmanski DENTAL™
Official Sponsor of Smiles℠

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, allow _____
(Print Your Name) (Print Doctor's Name)
to release my current records to:

OSMANSKI DENTAL
77 E. Crystal Lake Avenue
Crystal Lake, IL 60014
815-459-8650 (phone)
815-455-9503 (fax)
dentalcare@drosmanski.com (email)

I also request the current records for the following members that I am legal guardian for:

_____ _____

_____ _____

_____ _____
(Signature) (Date)