Date: _____

To: _____

_____

_____

Please be advised that I would like my records sent to the dentist named below.

Amidon Family Dentistry
775 U.S. Route 1, Suite 1
York, Maine 03909
Email: amidondental@maine.rr.com

Sincerely,

Name: _____

Address: _____

_____

I confirm and agree:_____
Signature