



Emily S. Gausman, DMD
405 North Main St.
Jamestown, NY 14701

Date: _____

To: _____

Record transfer for: _____

Last visit: _____

TX provided: _____

Last prophylaxis: _____

Attached: _____

Last panorex/FMX: _____

Last B/W x-rays: _____

I, _____, authorize the release of my
dental records as requested.