DOUGLAS A. ROLFE, D.D.S., F.A.G.D.
333 Camino Gardens Blvd.
Boca Raton, Florida 33432
(561) 395-4500
Fax (561) 361-8854

Records release for: _____

Date of Birth: _____

I authorize the release of my dental records to Dr. Douglas A. Rolfe, and I request that my records be sent cheryl@drrolfe.com . This includes any or all x-rays, periodontal charting, and other information which might be requested by Dr. Rolfe or his staff.

Signature: _____ Date: _____