



To Whom It May Concern:

I, the undersigned, give permission to release my records and the records of my listed family members to:

- Dr. R. Todd Weaver, DMD
- Dr. John L. Reckner, DMD
- Dr. Tracy L. Reinhart, DMD
- Dr. George J. Reinhart, DMD
- Dr. David B. Guengerich, DMD
- Dr. Christopher Zeledon, DMD

Please e-mail requested x-rays to: **office@gotta-smile.com**

If e-mail capability is unavailable, records may be mailed to:

Weaver, Reckner & Reinhart Dental Associates
775 Route 113
Souderton, PA 18964

Sincerely,

Sign

Date

Print

Date of Birth

775 Route 113, Souderton, PA 18964 215-723-2162
181 Main Street, Harleysville, PA 19438 215-723-1109
www.gotta-smile.com