

MD Smiles
Jennifer Sokolosky, DMD
9501 Old Annapolis Road
Suite 313
Ellicott City, MD 21042

Date: _____

Release of dental records for:

_____ DOB _____
_____ DOB _____
_____ DOB _____

I, _____, authorize the release of all
my dental records and x-rays to Dr. Jennifer Sokolosky, DMD.

Please forward x-rays to:

drjenniferdmd@gmail.com
Telephone line: 410.531.2690