

**Andrew J. Sorkin, D.M.D, L.L.C**  
**Mark A. Wallace, D.D.S**  
1901 Research Blvd, Suite 200  
Rockville, MD 20850

Dear Dr. \_\_\_\_\_,

\_\_\_\_\_ is/are now being seen in my office.

Please forward all dental records and x-rays at your earliest convenience. Thank you for your time and consideration.

Sincerely,

Andrew J. Sorkin, D.M.D & Mark A Wallace, DDS

I/We am/ are requesting the release of my/our dental records to the office of Drs. Sorkin and Wallace.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date