

**Freidank & Freidank, D.D.S, Ltd.**  
Christian W. Freidank, D.D.S.

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(703)393-1844 Fax  
[info@freidankdental.com](mailto:info@freidankdental.com)

**Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ authorize you to release all my dental records to/from the Office of Freidank & Freidank, D.D.S., Ltd. Please send my dental records to the address above.

Sincerely,

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**