



ADVANCED DENTISTRY
of COLLEGEVILLE
NELLY SILVA, DMD

CREATING BEAUTIFUL, HEALTHY SMILES THAT LAST A LIFETIME.

Dr. Silva
Advanced Dentistry of Colleagueville
Address 399 Arcola Road Suite 100
Colleagueville Pa 19436

Date: _____

I hereby authorize and request you to release the complete medical and dental records in your possession, concerning my treatment while under your care.

I further understand that is a fee for the reproduction of these medical and dental records as follows.

X-ray sent to provider no charge

Records inclusive of your care. \$100.00

A copy of CBCT Scan (not paid previously by patient) \$ 300.00

*If records are to be sent via mail, postage will be added as well.

Please send these above-mentioned records to:

Dr _____

Address _____

Email Address for Digital Images: _____

Signed _____

Date _____

Print Name _____