

## Request For Records

I, \_\_\_\_\_, authorize the release and  
Patients Name

transfer of all dental records and radiographs presently in the  
possession of

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Send to **DR. Stuart J. Guey Jr. D.D.S.**  
8951 Highway 23  
Belle Chasse, La. 70037  
(504)394-6200  
(504)394-6290 Fax

Signature: \_\_\_\_\_

Date: \_\_\_\_\_