



All Smiles Tampa Bay
Family & Cosmetic Dentistry

Joseph N. Grimaudo, DMD ♦ Melissa M. Grimaudo, DMD

REQUEST FOR PATIENT RECORDS

Please forward a copy of this patient's file including all x-rays to:

Email to: info@allsmilestampabay.com

Mail to: All Smiles Tampa Bay
17200 Camelot Ct.
Land O'Lakes, FL 34638

Date _____

Patient Name _____

Patient Address _____

Patient Phone Number _____

I authorize the release of my dental records to All Smiles Tampa Bay, the dental office of Drs. Joe and Melissa Grimaudo.

Patient or Guardian Signature _____

Guardian Name and Relationship, if applicable _____

Previous Dental Office:

Name _____ Phone _____

Address _____ Fax _____

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