

**DR PATRICK J. MEANEY
& ASSOCIATES**

D E N T A L S U R G E O N S

Dear Dr _____

Please send a copy of my records to Dr Patrick J Meaney and Associates.

Signed: _____ Date: _____

Patient name: _____

Address: _____

Phone No.: _____

DOB: _____

Dear Dr,

I would appreciate a copy of all records and radiographs, study models, diagnostic wax-ups, working models and any other clinical information that exists. I undertake to return any original records promptly.

With kind regards,

Dr Patrick J Meaney
BDS MRACDS FICD FADI FPFA

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