

# Michael J. Maloney, D.D.S., P.C.

216 Troy Schenectady Road  
Latham, New York 12110-3425

Telephone 518-782-9015

## RECORDS REQUEST

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

Date:

I request that my dental records be released and sent to Michael J. Maloney, D.D.S., P.C. by way of Dexis (preferred) or JPEG format to: Maloneydds@gmail.com or mailed to 216 Troy Schenectady Road, Latham, New York, 12110. Please include a copy of my treatment record with dental chartings and all current x-rays (within the last three years).

Dental Records Request for:

DOB:

Thank you.

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