Changing the world one smile at a time



To:		
From:		
		•
DOB: _		
Subject	: Release of X-Rays and Records.	
Please f	forward copies of my records and x-rays to Dr.	Christopher McGonigle at:
	Advanced Dental Ca 388 Cambridge Stre Burlington, MA 018	et
	or	03
	<u>DentalDefense@yahoo</u>	.com
Respect	fully,	