



**PEDIATRIC DENTISTRY & ORTHODONTICS**

**Drs. Delaney, Plunkett,  
Ralstrom, Makowski,  
Thanasas, Ker & Associates, P.C.**

**PEDIATRIC DENTISTRY**

Curt S. Ralstrom, D.D.S., M.S.  
Martin J. Makowski, D.D.S.  
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Hassan Oueis, D.D.S.

**ORTHODONTICS**

Ari G. Thanasas, D.D.S., M.S.  
Alan J. Ker, D.D.S., M.S.

Date \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_,  
*(Signature Please)*

do hereby give my permission for you to release copies of the dental records of my child to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Child/Children's Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check which applies:

- Transferring out of office
- Seeking other professional services
- Retire chart(s) please
- Do not retire chart(s)

How did our office serve you?

- Excellent
- Satisfactory
- Poor

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***"Special Care From The Beginning"***