Toula Mylonakis DMD

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**Records Release/Request**

I hereby authorize the release copies of my records and most recent X-rays, and that they be transferred to:

Dr. Toula Mylonakis

37 Park Avenue Suite C

New York, NY 10016

Email: tmylonakis@gmail.com

Patient Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_