



PROGRESSIVE DENTAL, pllc



"Dentistry for All Ages"

Dr. Sonny Spera Dr. Jennifer Redmore Dr. Brian Blanchard
Dr. Matthew L. Franklin Dr. Oreida Quinones
Dr. Stephen Sheffield Dr. Michelle Boyd

Date: _____

To Whom It May Concern:

I, _____ do hereby give my consent to have my dental records and x-rays transferred to Progressive Dental.

Records and x-rays may be forwarded either by mail or via electronic submission to the following:

Progressive Dental
565 Hooper Road
Endwell, NY 13760
(607)754-2273
(607)754-9526 (Fax)

Progressive Dental
101 South Broad Street
Norwich, NY 13815
(607)334-8666
(607)334-6662 (Fax)

Progressive Dental
703 Conklin Road
Conklin, NY 13748
(607)722-5464
(607)723-8754 (Fax)

Progressive Dental
57 Public Avenue
Montrose, PA 18801
(570)278-1186
(570)278-1873 (Fax)

- Or -

progdental@aol.com

Sincerely,