

A. Richard Wielgos, D.D.S.

2671 Sheridan Road • Zion, Illinois 60099  
847-872-4782

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

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I give permission to DR A RICHARD WIELGOS to request or send my Records/X-rays.

Dr. A Richard Wielgos  
2671 Sheridan Road  
Zion, IL 60099  
847-872-4782 Phone  
847-872-2579 Fax

\_\_\_\_\_  
Former/New Dentist Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Patient Signature