

**Dr. Jason Cataldo, D.D.S., M.S.D.**

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Diplomate of the American Board of Periodontology

**Periodontics & Dental Implants**

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Date\_\_\_\_\_

I authorize Dr. Jason Cataldo D.D.S., P.L.L.C. to obtain my dental records. Please provide all requested information.

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Patient Name: \_\_\_\_\_

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