



**LEONARD J. BARTOSZEWICZ, D.D.S.**  
GENERAL DENTISTRY

2003 BURTON STREET SE  
GRAND RAPIDS, MI 49506  
TEL: 616-245-9830

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

Dentist name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please release any information concerning my records as well as any x-rays to the office of:

**Dr. Leonard J. Bartoszewicz**  
**2003 Burton St. SE**  
**Grand Rapids, MI 49506**  
**P: (616) 245-9830**  
**F: (616) 245-5026**  
**E: ljbdds@sbcglobal.net**

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_