



DIBELLO  
PLASTIC SURGERY

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To Whom It May Concern:

Below please find my signature authorizing the release of my medical records to:

Joseph N. DiBello, Jr., M.D.  
DiBello Plastic Surgery  
2361 Huntingdon Pike, Suite 1  
Huntingdon Valley, PA 19006

Thank you in advance for your prompt attention to this matter.

\_\_\_\_\_  
Patient Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness