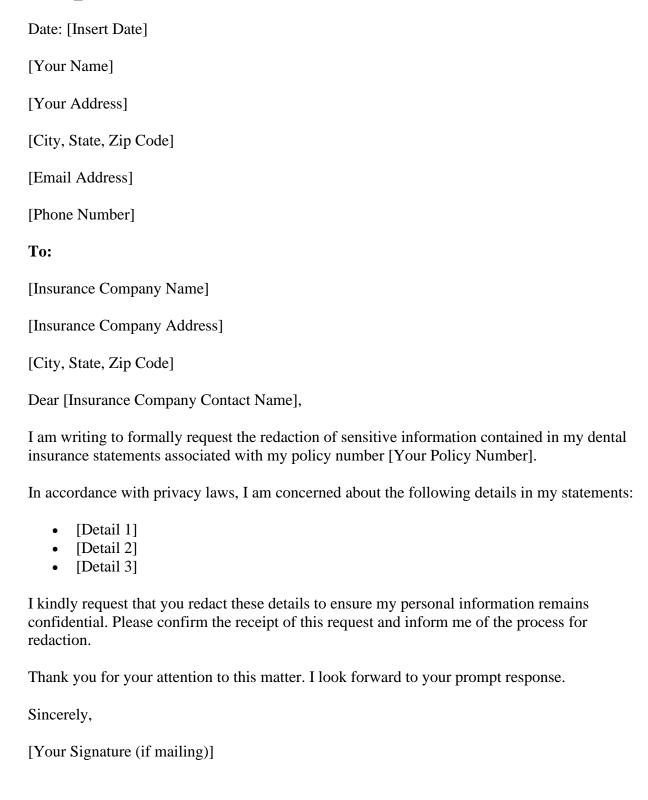
## **Dental Insurance Statement Redaction Request**



[Your Printed Name]