## X-Ray Release Form

Please forward my/our xray	/s to: Dr	Phone #:	
Fax #	_Email:		
I, addition to myself, please in	, authorize you to re	lease my dental records/rac ers of my family:	liographs. In
-			
Reason for transfer:			
New Dentist Referral to specialis Second opinion	st		
l release you from all legal zero balance.	responsibility that may aris	e from this and confirm that	my account is at a

Signed (Patient or Guardian)	Date:	