



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

To: \_\_\_\_\_

Please release the following dental information for the patients listed:

NAME				
New Patient Exam				
Recall Exam				
Bitewings				
Panorex				

My signature indicates authorization for the release of the above information as well as forwarding a copy of the most current X-rays - 5 yrs for PAN, 2 yrs for BWs.

Thank you,

Signature of Patient \_\_\_\_\_