

REQUEST FOR RELEASE OF DENTAL X-RAYS TO DENTAL INNOVATIONS

I, \_\_\_\_\_, give authorization for \_\_\_\_\_

(Phone: \_\_\_\_\_ Email: \_\_\_\_\_)

to release my dental x-rays to the office of Dr. Jay Dubin, Dental Innovations for my continued treatment.

If at all possible, please email any recent x-rays as they will be of better quality if sent through email.

Please email to:

**frontdesk@dentalinnovations.net**

If that's not possible, please mail them to:

**Dental Innovations (Attn: Front Desk)**

**601-D Bethlehem Pike, Suite 200**

**Montgomeryville, PA 18936**

You can reach Dental Innovations at (215)646-3040 with any questions.

Thank you,

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_