

X-Ray Record Release

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Authorization for Duplication and Release of Digital Dental Radiographs

I hereby authorize and request the release of my digital dental radiographs taken of me at Main Street Dentistry.

I authorize you to Mail/Email/Release to Patient copies of my Digital Dental radiographs to me, at the email on my patient file, per my request.

I do hereby authorize Main Street Dentistry to duplicate the above Digital Dental Radiographs.

Patient Signature: _____