COMFORT FAMILY DENTAL
20 LAKE ST. N STE. 205
FOREST LAKE, MN 55025
651-464-3052
MAIL@COMFORTFAMILYDDS.COM

X-RAY REQUEST AND RELEASE FORM

DATE _____/_____/_____

PATIENT NAME_____

REQUESTED BY (IF DIFFERENT FROM PATIENT):_____

RELATIONSHIP TO PATIENT:_____

X-RAYS TO BE SENT TO (EMAIL)_____

I AUTHORIZE COMFORT FAMILY DENTAL TO RELEASE THE MOST RECENT DENTAL X-RAYS:

SIGNED:_____

EMAIL:_____

SIGNED

_____DATE:_____

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