

LAPEER DENTAL CENTRE MGT., INC.
381 N. Saginaw * Lapeer, MI 48446 * (810)664-4542

Radiograph/X-Ray Release

To Lapeer Dental Centre
381 N Saginaw St
Lapeer, MI 48446

Date: _____

I hereby authorize you to release my radiographs/x-rays.

A photocopy shall be as valid as the original authorization.

This information should not be disclosed to any other person or company without further authorization.

Release to: _____

Patient's Full Name: _____

Signature of Patient or Legal Guardian: _____

Address: _____

Date of Birth: _____

Witness's Name: _____

Witness's Signature: _____