

Release to have Dental X-Rays Transferred

I, _____, hereby authorize you to release my dental x-rays.
(print name)

Please **email** (.jpg or .dex) any current x-rays to:

cgray@calvingraydds.com

Or **mail** film copies (if printed, need to be on photo paper) to:

Calvin W. Gray, D.D.S.
11260 Wilbur Avenue, Suite 201
Northridge, CA 91326
(818) 368-5729

Please notify me at (____) _____ - _____ when they have been sent, or if no current x-rays are available.

Thank you.

Date: _____

Signed: _____