Sally Young, DMD
Dentistry for Infants and Children

Cecil B. Bray, DMD
Dentistry for Adolescents and Adults

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I authorize the release of x-rays and other dental records for the following patients:

_____

_____

_____

_____

From Dr. _____

_____

_____

Phone : _____

_____ _____

Patient (parent/guardian) signature ***Date***

Please send or email current x-rays (bite-wings, periapicals less than one year old, panorex less than 5 years old) and any other information that would be beneficial in treating the above patient(s).