Richard G. Wyne, DDS PA
4110 Aspen Hill Road
Suite 310
Rockville, MD 20853
301.871.7100

X-Ray and Dental Records Release Form

Date: _____-_____-_____

Dr. _____

{Dentist You Are Requesting X-rays and Dental Records From}

I hereby authorize you to release all dental radiographs and/or dental records for

_____.

{Patient's First and Last Name}

Please forward all materials to:

Signature: _____

{Patient or Legal Guardian }