FAMILY DENTAL CARE PARK RIDGE

DENTISTRY WITH FAMILY IN MIND

Name(s) and Address of Patient(s):

_____

_____

_____

Please use this as my authorization to release and forward any recent x-rays (within the last 3 years)

TO
Name and Address of New Dentist:

Family Dental Care Park Ridge
912 Busse Hwy
Park Ridge, IL 60068
Email to: info@parkridgedds.com

Patient's Signature_____

Date _____