



13700 Providence Road, Suite 110, Weddington, NC 28104 - Phone (704)246-7551 - Fax (888)978-1972

Consent to Release X-Rays Letter

Patient Information:

Patient: _____

Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Reason for Transfer:

Transferring to:

Name of Dental Practice: Serene Dental Spa

Address: 13700 Providence Rd. Suite 110

City: Weddington State: NC Zip: 28104

Phone: (704) 246-7551 e-mail: office@serenedentalspa.com

Signature of Consent:

I, undersigned, do consent to the release of my dental x-rays from the office of _____ to Serene Dental Spa.

_____/_____/_____
Patient/Guarantor Name **Date**