Dr. Teresa G. Conley DDS.
1306 West Corbett Ave. / Swansboro, NC 28584
Phone: 910-326-2030 / Fax: 910-326-3192

Radiograph Release Authorization

I, the undersigned, am hereby requesting duplication of any current and/or relevant radiographs to be forwarded as stated and for the following reason(s):
□ Moving to new area □ Changing Dentist □ Second Opinion □Other, please specify _____
_____

Please forward all radiographs:

From	*To*
_____ (Dentist's name)	_____ (Dentist's name)
_____ (address)	_____ (address)
_____	_____
_____ (Phone #) (Fax #)	_____ (Phone #) (Fax #)

This request is to include the following patients:

Patient's Name	***Date of Birth***	***(Office use):X-Rays Provided***
_____	___-___-____	_____
_____	___-___-____	_____
_____	___-___-____	_____
_____	___-___-____	_____
_____	___-___-____	_____
_____	___-___-____	_____

_____ _____
(Authorizing Signature) (Date)

Office Use Only: Status of X-rays released,_____
_____
_____
_____