

X-RAY RELEASE FORM

Basciano & Associates

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To:

Dear Dr. _____,

Prior to taking any films, our patient, _____, requested we contact you regarding any x-rays you may have on file.

Would you be so kind as to forward to our office for comparative purposes:

- Bitewings that were taken in the last two years, and/or
- Full mouth series that were taken in the last five years.

Thank you in advance for your time and consideration in this matter.

PATIENT RELEASE

I authorize the release of my previous dental records and the above requested radiograph materials.

Patient or Guardian Signature: _____