

LUX DENTAL
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RECORDS RELEASE

To _____,
Name of Dentist/Dental Office

Please send the most recent full series radiographs, panorex, and/or bitewing radiographs to our office for the patient listed below.

I also give permission to have my radiographs sent to Lux Dental electronically through an e-mail.

Thank you for your timely response to this letter.

Patient Name _____ DOB _____

Address _____

Patient/Guardian Signature _____ Date _____