

# Spodak dental group

DEDICATED TO YOUR SMILE

3911 West Atlantic Avenue  
Delray Beach, FL 33445  
Internet: [www.spodakdental.com](http://www.spodakdental.com)  
Telephone: 561.498.0050  
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## Patient Authority to Release Records

Date: \_\_\_\_\_

I, \_\_\_\_\_, consent to the release of my dental diagnostic radiographs by

**Spodak Dental Group**  
**3911 West Atlantic Avenue**  
**Delray Beach, FL 33445**

If applicable, diagnostic models will be release. \_\_\_\_\_ (initials)

I hereby authorize that my records be released to \_\_\_\_\_

At the following address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian Signature (if patient is a minor): \_\_\_\_\_

OFFICE USE

Records Sent By: \_\_\_\_\_ Date: \_\_\_\_\_