



Dental Hygiene Services

21 Destiny Way

Olds, AB T4H 0C5

X-Ray Release Form

To:

Date:

Patient Name:

I, _____, hereby authorize you to release mine and any dependents current x-rays to:

Endless Smiles Dental Hygiene

21 Destiny Way Olds, AB T4H 0C5

Please send most recent BW's/PA's (even if over a year old) and Pan.

If x-rays are digital please email to info@endlessmiles.ca

Signature

Date

