

Request for Prior Records

Authorization for the Release of Dental X-Rays

I hereby authorize the office of _____ to release the dental x-rays of _____ to:

Please email X-Rays to: info@panoramicdental.com

Dr. Ryan Miyasaki, DDS
2225 Olympic Blvd
Walnut Creek, CA 94595

This authorization is effective immediately.

Signature

Date

If not signed by the patient please indicate relationship:

- ___ parent or guardian of minor patient
- ___ guardian or conservator of an incompetent patient
- ___ beneficiary or personal representative of deceased patient

