KS Dental PC

Marie Kershner DMD

Laura Szymanski DMD

44A south Chestnut Street

Boyertown, PA 19512

610-367-8005

Fax: 610-367-2437

Email: sksdental@comcast.net

Authorization To Release Radiographs

Please forward any current radiographs (bitewings under 1 year and FMX or Pan under 5 years)

for patient(s)____ to our office within 30 days.

Thank you.

Sincerely,

Marie Kershner DMD

Laura Szymanski DMD

Patient Signature____

(Patient or Authorized Person to consent for patient)

Please send digital radiographs to email above in a jpeg format with dates included. Also, please send all information in an encrypted email. If you are unable to send encrypted email, please send thru mail. Thank you.