Primary Teeth Pediatric Dentistry

Dr. Jake Fried, DDS

199 S. Main St
Gloversville, NY 12078
P: (518) 601-2220
F: (518) 601-2221

RECORDS RELEASE REQUEST

I, _____ hereby authorize the release of my child(ren)'s bitewing x-rays,
(parent's name)

panoramic x-rays, and any other form of dental records from Primary Teeth Pediatric

Dentistry To :

Office:_____

Address:_____

Phone:_____

Fax:_____

Email:_____

Patient's name:_____ DOB:_____

_____ _____

_____
(relationship to patient)

_____ _____
(Signature) (Date)