

Crossbridge Dental

**Gretchen M. Palmer, DDS**

2000 Winton Road South

Rochester, New York 14618

crossbridgedental@gmail.com

**Dental Records and Radiograph Release Form**

I, \_\_\_\_\_, on \_\_\_\_\_,

Consent to the release of my dental records and all radiographs for:

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**From The Office of:**

Dr.'s Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Please email these records and radiographs to the office of:**

Dr.'s Name: Dr. Gretchen M. Palmer

Address: 2000 Winton Road South, Bldg. 4, Suite 300

Rochester, New York 14618

Patient or Legal Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_