

McCartney Dental

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X-RAY RELEASE FORM

I, _____, hereby authorize and request the release of my X-rays and pertinent treatment documents. Please forward the information to the recipient below:

Please send x-rays in JPEG format

Email Address: **mccartneydental@mccartneydental.com**

Business Address: 2569 N. Toledo Blade Blvd.

North Port, Fl. 34289

By selecting Digital Copy, you take full responsibility that these dental records are going to be sent over the internet without the security and the ability to verify that the receiving party successfully obtained the files. Furthermore, there is an understanding that the file format may not be compatible. We use all x-rays in JPEG format.

Requesting x-rays from: _____

Office Email Address: _____

Office Phone: _____ Office Fax: _____

Patient's Name: _____ Date of Birth: _____

(Please Print)

Patient/Parent Signature: _____ Date _____