CANYON RIDGE ENDODONTICS

Medical Records Release

I authorize the release of my dental records, CBCT and/or x-rays, (Please note CBCT scans will be sent via **mail only** due to large file size).

To:_____

Address:_____

Ph#: _____ Fx#: _____

Email Address: _____

Printed Name: _____

Signature_____ Date:_____