

Harmony Dental Arts  
1066 Clifton Avenue  
Clifton, NJ 07403  
[www.harmonydentalart.com](http://www.harmonydentalart.com)

Radiograph & Dental Release Request

Date \_\_\_\_\_

To: Dr. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_ (DOB : \_\_\_\_\_)  
authorize the release of all dental records and radiographs or copies of my  
records to the above named dentist.

Patient or Guardian

\_\_\_\_\_