



# Geneseo

## Orthodontics & Pediatric Dentistry

70 Main Street Geneseo, NY 14454

P: 585-245-0050 F: 585-519-4226

info@geneseosmiles.com

## Records Release Form

Date: \_\_\_\_\_

Patient name(s): \_\_\_\_\_

Patient(s) date(s) of birth: \_\_\_\_\_

Requested by if not patient: \_\_\_\_\_

Send information to: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ authorize the release of x-rays and any information.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date