



13700 Providence Road, Suite 110, Weddington, NC 28104 - Phone (704)246-7551 - Fax (888)978-1972

**Consent to Release X-Rays Letter**

**Patient Information:**

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

**Reason for Transfer:**

\_\_\_\_\_  
\_\_\_\_\_

**Transferring to:**

Name of Dental Practice: Serene Dental Spa

Address: 13700 Providence Rd. Suite 110

City: Weddington State: NC Zip: 28104

Phone: (704) 246-7551 e-mail: [office@serenedentalspa.com](mailto:office@serenedentalspa.com)

**Signature of Consent:**

**I, undersigned, do consent to the release of my dental x-rays from the office  
of \_\_\_\_\_ to Serene Dental Spa.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Patient/Guarantor Name                      Date**