

The Smile Zone

576 Sand Creek Road, Albany, NY 12205
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www.smilezonealbany.com

The Smile[®] Zone

Authorization to Transfer Dental Records

To: The Smile Zone
576 Sand Creek Road
Albany, New York 12205

Patient's Name: _____

Date of Birth: _____

I hereby authorize the Smile Zone to release, disclose and deliver all dental radiographs and records to:

Name: _____

Address: _____

e-mail: _____

Date: _____

Patient's Signature: _____

Parent or Guardian Signature: _____