HARBOR kids' TEETH
SPECIALISTS IN PEDIATRIC DENTISTRY
3519 56TH STREET NW, SUITE 140
GIG HARBOR, WA 98335
WWW.HARBORKIDSTEETH.COM
LISA A. BLOCK, DMD, MS

X-ray/Release of Records Authorization

PATIENT NAME:_____ **DATE OF BIRTH:** _____

I, _____, hereby authorize and request the release of
(Parent or guardian)
duplicate x-rays/records from:

____ Lisa A. Block, DMD, MS, PC

____ Dentist name: _____

Dentist address: _____

_____

Please release x-rays/records to:

____ Lisa A. Block, DMD, MS, PC

____ Dentist name: _____

Dentist address: _____

_____

_____ _____
(Signature of Parent or Guardian) (Date)