

Dental Today, LLC

2310 Nott Street East - Niskayuna, NY 12309

Phone(518)374-3060 - Fax (518) 374-5278

I, _____ hereby give permission and request the release of medical/dental records and/or x-rays for:

Patient Name/DOB

X _____
Signature/Date (Patients age 18+ must sign their own release)

PLEASE ENTER THE NAME, PHONE NUMBER & ADDRESS OF YOUR PREVIOUS DENTIST BELOW

Send To:

Send From:

Dental Today, LLC 518-374-3060

2310 Nott Street East

Niskayuna, NY 12309

dentaltoday@aspidamail.com

FAX (518)374-5278

PATIENTS - PLEASE DO NOT WRITE BELOW THIS LINE

Dear Doctor & Staff: Please Provide

Date of Last Exam: _____

Date of Last Prophylaxis: _____

Date of Last: Bitewings _____ (Send Duplicate if < 12 months)

FMX _____ (Send Duplicate if < 60 months)

Panoramic _____ (Send Duplicate if < 60 months)

Email Digital radiographs to: dentaltoday@aspidamail.com

Other:

