



13618 NW Military Hwy
San Antonio TX 78231
210-493-5555

Authorization For The Release of X-Rays

Payment is required to cover the cost of duplication and/or copying patient records. In accordance with Texas Law, patients are entitled to access copies of their records; however, all original records remain the property of The Tooth Doctor. Please complete the following form, mail or fax it to (210) 493-5561. Payment for duplication can be made over the phone or at the office. Please call the office to receive a quote on the fee as payment may differ depending on the number of records being duplicated.

I, _____ (patient name), hereby authorize the doctors and staff of The Tooth Doctor to release the following information (check the option you wish to give authorization for):

- ALL X-RAYS
 ALL TREATMENT NOTES

Please release the information to:

Dentist's Full
Name: _____

Street
Address: _____

City, State, Zip
Code: _____

Dentist Office Phone
Number: _____

Signed (Patient of
Guardian) _____

Printed Name (Patient or
Guardian) _____

Date: _____
