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 NICHOLAS GIBBONS, DDS

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)