

Sydney Walters, DMD
15615 Bel-Red Road Suite D
Bellevue, WA 98008
Ph: 425-643-6072 Fx: 425-284-3368
drsydneymd@earthlink.net

X-Ray and Records Authorization and/or consent form

Date _____

_____ I Authorize sending duplicates of my X-rays to: _____

_____ I am Picking up duplicates of my X-rays

Signature _____