

John H. Lake DDS, Inc.
345 Tachevah Dr. Ste 1
Palm Springs, CA 92262
(760) 327-1138
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Release/Request for Transfer of Radiographic Records

Date _____

Please release the most current x-rays for the Patient or Patients listed below.

I, _____ (name of patient),

authorize the release of radiographic information,

From the office of :

To the office of: John H. Lake DDS 345 Tachevah Dr. Ste 1. Palm Springs, CA 92262

Thank you for you cooperation in this matter.

Name of patient _____

Signature of patient _____