

REBECCA BOARDMAN, D.D.S.

COMPREHENSIVE RESTORATIVE DENTISTRY

X-RAY and RECORDS RELEASE

Dear Doctor:

By signing below, I authorize the release of my dental x-rays and other pertinent dental records from (check one):

Rebecca Boardman, D.D.S.

and request that they be sent to (check one):

Rebecca Boardman, D.D.S.
rebecca@boardmandds.com
or at the address listed below

Patient Signature (Parent or Guardian if patient is a minor)

Date

Date of Birth

IMPORTANT: For clarification, and to ensure that you don't receive unnecessary mailings or hygiene reminders, please indicate your patient status with Dr. Boardman by checking one of the following.

Active (still a patient)

Inactive (non-patient)

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