



13618 NW Military Hwy
San Antonio, TX 78231
Telephone: (210)493-5555
Fax: (210) 493-5561

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 options 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's Phone Number: _____

Signed (Patient or Guardian): _____

Printed Name (Patient or Guardian): _____

Date: _____