

Joseph M. Pope D.D.S., LTD
105 North Regency Drive
Bloomington, Illinois 61701
309.662.3307

X-Ray and Dental Records Release Form

Date: _____ - _____ - _____

Dr. _____
{Dentist You Are Requesting X-rays and Dental Records From}

I hereby authorize you to release all dental radiographs and/or dental records for

{Patient's First and Last Name}

Please forward all materials to:

Joseph M. Pope D.D.S., LTD.
ATTN: Jenny Kerfoot
105 North Regency Drive
Bloomington, Illinois 61701

Signature: _____
{Patient or Legal Guardian }