



## XRAY REQUEST AND RELEASE FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Requested by: Dr. A. Sayed

Xrays to be sent to: [debbie@drsayed.com](mailto:debbie@drsayed.com)

I \_\_\_\_\_ authorize release of all xrays to  
Pristine Periodontics & Implants.

Signature \_\_\_\_\_