

Kennedy Dental LLC
202 East Fifth Street
Marysville, Ohio 43040
www.kennedydentalonline.com
937-642-3434

Date _____

Dear Dr. _____

- Please Send
- Panoramic Radiograph
Aged 3 years or less
 - Complete Full Series of Radiographs
Aged 3 years or less
 - Bitewing X-rays
Aged 6 months or less
 - Copy of patient records

For the following patient(s) to Dr. Kennedy:

I release the above doctor from any laws related to disclosure of confidential or privileged information.

Patient Signature _____

Address _____

Address of Previous Dentist:

