

Richard S. Baum, D.M.D.
26 Church Street / P.O. Box 317
Liberty Corner, NJ 07938
(908) 580-1060 / fax # (908) 580-9767

X-RAY RELEASE FORM

Date: ____ - ____ - ____

Dear Dr. _____,

Please forward my dental records, which will include all current x-rays and/or dental correspondence relating to the following family members:

This information should be forwarded to:

Richard S. Baum, D.M.D.
P.O. Box 317
Liberty Corner, NJ 07938-0317

If you have any questions or need to contact my new dental office please call (908) 580-1060.

I thank you for the valued services I/we received as a patient in your practice.

Sincerely,

Please sign / Date / Print name