

BUCHANAN SIGNATURE DENTISTRY
121 GREENVILLE ST SW
AIKEN, SC 29801
PHONE: 803-648-3251
FAX: 803-648-3242
aikentooth@live.com

X-RAY RELEASE FORM

_____ Patient Name _____ Date of
Birth

Authorize the release of my records to the address above:

Thank you,

_____ Date
Patient or Guardian Sign Here

Previous Dentist Name

City & State

Email Address

Phone Number