Golden Valley Kids
Pediatric Dentistry & Orthodontics

X-RAY REQUEST AND RELEASE FORM

Patient Name: _____ DOB: _____

Dental Office Requesting From: _____

X-Rays to be sent to: Dr. Adena Borodkin at gvkidsdental@gmail.com

I _____ authorize the release of the x-rays requested above.

Signature: _____

Date: _____

Fax this form to **763-544-5157** or email to **gvkidsdental@gmail.com**