



Dental Office of Palm Harbor, Inc.

Laura Munoz, D.D.S.

"Caring dentistry you can trust"

To: _____

Name of Patient: _____

Date of Birth: _____

I hereby authorize you to release all dental radiographs for

Please forward X-Rays to:

Dental Office of Palm Harbor, Inc.

3438 Tampa Rd Suite 11

Palm Harbor, FL 34684

Or via email: info@yourpalmharbordentist.com

Signed,

Patient

Date
