



# GEORGIA DENTAL MEDICINE

Georgia Dental Medicine  
1225 Johnson Ferry Road, Suite 660  
Marietta, GA 30068  
Phone: 770-973-6494 Fax: 770-973-6544  
www.georgiadentalmedicine.com

**Authorization to Release Recent X-rays TO Georgia Dental Medicine:** (ver: 2019-06-28) If your specialist or another dentist, etc. has taken recent x-rays of you, those x-rays can be shared with our office (and that may save you some unnecessary expense). You may use this form to request those recent x-rays be sent **TO** our office. **\*\*\*Note that the other office may prefer/require you to use their own release form.\*\*\***

I hereby request and authorize this dental/medical facility:

**Practice Name:** \_\_\_\_\_  
**Practice Phone#:** \_\_\_\_\_  
**Practice Email Address:** \_\_\_\_\_  
**Address (optional):** \_\_\_\_\_

Release and disclose, **this one time only**, copies (electronic copies preferable) of recent x-rays (Panoramic x-rays taken within the last five (5) years, and bitewing and other x-rays taken within the last two (2) years) for the following patient(s):

**Full Legal Name of Patient requesting disclosure:** \_\_\_\_\_  
**Other family members also requesting disclosure:** \_\_\_\_\_  
**Patient or Patents Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

Please release those records to (encrypted emailed to [xrays@dmdga.com](mailto:xrays@dmdga.com) is preferable):

Georgia Dental Medicine, LLC  
1225 Johnson Ferry Rd., Suite 660  
Marietta, GA 30068  
770-973-6494

While encrypted electronic copies are preferable, you may also mail to the above address.

**Signature of Patient/Personal Representative:** \_\_\_\_\_

**Signature Date:** \_\_\_/\_\_\_/\_\_\_\_\_

If you are the Personal Representative and not the patient, please complete the following:

**Print Full, Legal Name:** \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Legal proof of representation may be requested at our discretion.**

Retention Requirement: must be kept for at least six years from creation date or date last in effect, whichever is later.