



PALM BEACH  
PROSTHODONTICS

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**Authorization to Release Dental Records**

I, \_\_\_\_\_ authorize \_\_\_\_\_

to release my dental records, including radiographs past, present, or future to Palm Beach Prosthodontics.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email if possible to:

[Info@prosdent.com](mailto:Info@prosdent.com)

Or mail to:

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