

Dr. Jesse C. Engle D.M.D.
8740 N. Thornydale Road Suite 100
phone: 520.744.7388
fax: 520.744.7395
www.presidiodental.com



Date: _____

I, _____, authorize Presidio Dental ^{PLLC} to release any current radiographs and patient information to _____.

Patient Information:

Name -

Date of Birth -

Phone Number -

Please release the radiographs as indicated above.

Digital x-rays should be sent to (email) _____

Patient Signature: _____

Date: _____