SMILE
David L. Hill, DMD
1685 Westwood Drive #C8 San Jose, CA 95125 408|723.7700 drhill@davidhilldmd.com

X-Ray Release Form

I, _____, hereby authorize the release of my dental x-rays and request that they be sent to the following dentist or person via mail or email:

☐ Dental Office or Dentist

David L. Hill, DMD
1685 Westwood Dr., #C8
San Jose, Ca 95125
408-723-7700

email:drhill@davidhilldmd.com

☐ Me

ADDRESS: _____

CITY/STATE/ZIP_____ Phone: _____

Patient's Signature_____ Date: _____

Released By: _____ Date: _____

Fax form to Dr._____ Fax:_____