

# DR JEFFREY BENSIMON

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## Dental Records Information Release

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

Hereby authorize the release of any copies of X-rays from Dr \_\_\_\_\_ office for:

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### **To be sent directly to**

Dr. \_\_\_\_\_

If you have digital x-rays, please encrypt them using Microsoft Office and email to [dent0007@gmail.com](mailto:dent0007@gmail.com). Thank you.

Or to be picked up by \_\_\_\_\_

Patient Name:

Signature:

\_\_\_\_\_

\_\_\_\_\_

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