

# Tender Care Dentistry

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## Authorization to Release X-rays

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

I, \_\_\_\_\_, authorize Tender Care Dentistry to email  
my child's, \_\_\_\_\_, x-rays directly to another dental office

for any of the following reasons:

In the event Tender Care should refer my child to another dental office or  
specialist for a consultation and/or treatment.

In the event I choose to transfer my child to another dental office for a  
consultation and/or treatment.

Parent/Legal Guardian signature:\_\_\_\_\_