



TriState Family Dental Centers

A Professional Corporation

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*Established in 1971 by
John B. Schymik, D.D.S. & Stanley R. Nevill, D.D.S.*

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X-Ray Release Authorization

Name: _____
(Please Print)

D.O.B. _____

I authorize TriState Family Dental Centers to provide copies of my x-rays to:

Dr.: _____

Address: _____

Or, I will pick them up on _____ at TriState Family Dental Centers.
(Date)

Please allow at least two business days for processing. If the pick-up date listed above is less than two business days from receipt of this authorization, we cannot guarantee your x-rays will be available.

Signed: _____

Date: _____