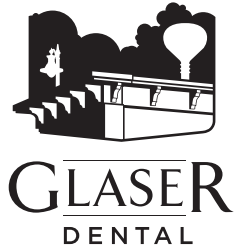


Glaser Dental

24 Brown Boulevard
Rothschild, WI 54474
Phone: 715.359.4344
Fax: 715.359.7733
Email: smile@tylerglaserdental.com



Please sign and fax or mail to your previous dental office

**Authorization for Release of
Dental X-Rays to Glaser Dental**

I, *(print patient or guardian name)* _____, hereby

authorize the doctors and staff of:

to release records or knowledge concerning my dental health to:

Glaser Dental

24 Brown Boulevard
Rothschild, WI 54474
Phone: 715.359.4344
Fax: 715.359.7733
Email: smile@tylerglaserdental.com

Please email my x-rays to Dr. Glaser:

Signed (patient or guardian name) _____

Printed name (patient or guardian name) _____