

Patient Consent Form for Duplication and Release of X-rays

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

I authorize \_\_\_\_\_ to release any current x-rays, last prophylaxis and dental exams that you have on file for the following patient(s).

_____	_____
Name	DOB
_____	_____
Name	DOB
_____	_____
Name	DOB
_____	_____
Name	DOB

Release records to: \_\_\_\_\_ or: \_\_\_\_\_  
Chambersburg Dental Associates \_\_\_\_\_  
225 Walker Road \_\_\_\_\_  
Chambersburg, PA 17201 \_\_\_\_\_  
Email:cdaxrays@comcast.net \_\_\_\_\_  
\_\_\_\_\_

Thank you for your prompt response.

Sincerely,

\_\_\_\_\_  
(Signature of Patient or Parent/Guardian)

PA Code 33.209 section C states: "Within 30 days of receipt of a written request from a patient...an exact copy of the patient's...radiographs...shall be furnished to the patient or to the patient's new dentist. This service shall be provided either gratuitously or for a fee reflecting the cost of reproduction." Section D states: "The obligation to transfer records ...exists irrespective of a patient's unpaid balance for dental services or for the cost of reproducing the record."