

Smile Programs...the mobile dentists

Administrative Offices
33533 W. 12 Mile Road, Suite 150
Farmington Hills, MI 48331
888-833-8441 (phone) • 888-330-4331 (fax)

Parental X-ray/Records Release Form

Please allow up to 2 weeks after we receive this signed release for your X-rays & records to be mailed.

Smile Programs...the mobile dentists is authorized to release the dental records and x-rays for

CHILD'S NAME _____ taken at
NAME OF SCHOOL _____ located in
CITY AND STATE _____
DATE OF SERVICE: _____ DATE OF BIRTH: _____

To the following dentist or dental office: DENTAL APPOINTMENT DATE: _____

Dentist/Office Name: _____
Address: _____
City, State, ZIP _____
Telephone: _____
Dental office Email: _____

To the parent or guardian:

Guardian's Name: _____
Address: _____
City, State, ZIP _____
Telephone: _____
Parent Email: _____

Parent/Guardian Signature: _____ Date: _____

To be completed by Smile Programs...the mobile dentists					
Date Received:		Date Mailed:		Processed by:	
State:		School:			
DOS:					

Please return signed form as soon as possible:

Fax to 888-330-4331, E-mail to xrays@mobiledentists.com, or US Mail to:
Smile Programs, 33533 W Twelve Mile Road, Suite 150, Farmington Hills, MI 48331