

HENRY S COHEN, DMD, PC

1200 State Route 208, Unit 4

Monroe, New York 10950

845-928-2205

Fax# 845-928-7801

X-RAY REALEASE FORM

Date_____

Dear Dr._____

Please forward my dental records, which will include all current x-rays and/or dental correspondence relating to the following family members.

This information should be forwarded to:

Henry S Cohen DMD

1200 State Route 208, Unit 4

Monroe, NY 10950

If you have any questions or need to contact Dr Cohen's office please call 845-928-2205.

Thank you for your services.

Sincerely,

_____Print name

_____Please sign

_____Date