HUDSON BEND DENTAL
AND ORTHODONTICS

1605 RR 620 N. #300 Lakeway, TX 78734
(512)660-6006
fax(512)660-6008
info@hudsonbenddental.com

Authorization to transfer records/xrays

Patient Name:_____ DOB_____

Ph number:_____ Email_____

I would like my xrays transferred to

Name:_____

Address:_____

City,State,Zip_____

Ph Number_____

Email_____

Signature and date_____ _____