



15 1st Street, Staten Island, NY 10306 • 929.833.2424 • www.sweettoothpediatrics.com

X-RAY AND RECORD RELEASE FORM

I am authorizing Sweet Tooth Pediatrics to obtain copies of all my records, including all charts, notes, x-rays or anything else that may be necessary.

Please forward all records via email to sweettoothpediatrics@gmail.com or by mail to:

**Sweet Tooth Pediatrics
15 1st Street
Staten Island, NY 10306**

Patient Name: _____

Parent/Guardian Signature: _____

Date: _____

Thank you!