5605 Skytop Dr.
Lithia, FL, 33547
www.WattsDentalFL.com
P: (813) 737–7370
F: (813) 737-7345

Date:

I, consent to the release of my dental diagnostic radiographs by,

Watts Dental, P.A
5605 Skytop Dr.
Lithia, FL, 33547

I herby authorize the release of my records to,

Name: Date to be sent:

Address: City: State: Zip:

Phone:

Fax:

Print Name:

Patient Signature: Date:

Guardian Signature (If patient is under 18)

Office use only

Employee signature: Date: