



Date: \_\_\_\_\_

I, \_\_\_\_\_, am authorizing the release of my dental records, including x-rays to the following:

Lynne S. Gerlach, DDS  
5425 W. Spring Creek Parkway  
Suite 165  
Plano, TX 75024

972.943.9300  
972.943.9301 fax

ashley@gerlachdental.com

Emailed x-rays are preferred in either  
**Dexis or .jpeg formats.**

\_\_\_\_\_  
Patient Signature

Appropriate digital x-rays need to be forwarded to our office within 24 hours of appointment in order to be considered. If we do not receive proper radiographs prior to your appointment new radiographs may be required.