

FOSTER CITY DENTAL CARE

675 Mariner's Island Blvd., Suite 110

San Mateo, CA 94404

Phone (650) 577-1988 FAX (650) 577-0835

Email: FosterCityDental@aol.com

www.fostercitydental.com

Signature Release For Duplication Of X-rays

You have requested a duplicate copy of your x-rays. In order to protect your privacy and adhere to California HIPAA laws please sign below. You may return this form to us via email, fax, regular mail or in person. We will fulfill your request as indicated below once the information is received. Thank you.

I, _____, hereby authorize FOSTER CITY DENTAL CARE to provide a copy of my dental x-rays to the name and address listed below:

I understand that I am responsible for the cost of \$_____ for expenses incurred in duplicating these x-rays.

Signature

Date