



Family & Cosmetic Dentistry
Creating Beautiful, Healthy Smiles

www.SyracuseFamilyDentist.com

Today's date: _____

I give permission to release the X-rays + Records of the following patient(s) to
Dr. Vincent D. DiMento (see addresses below)

Patient's Name: _____

Patient's Name: _____

Patient's Name: _____

Patient's Name: _____

Patient Signature(s) _____
(Guardian signature needed if minor person)

Date Requested to have x-rays sent to Dr DiMento by: (patients appointment) _____

X-rays and/or records can be emailed to:
drdimentooffice@centralny.twcbc.com

Thank You

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