**Violeta Garcia-Lepore, D.D.S., PLLC**
**420 White Spruce Boulevard**
**Rochester, NY 14623**
**(585)271-0549**
**Drvgarcia@rochester.rr.com**

# X-RAY RELEASE FORM

Patient's Name: _____

Patient's D.O.B: _____

I, _____, hereby authorize the release of my dental records and x-rays and request they be sent via mail or email to the following dentist:

**Violeta Garcia Lepore, DDS**
**420 White Spruce Boulevard**
**Rochester, NY 14623**

**Email: Drvgarcia@rochester.rr.com**

Patient's signature: _____ Date: _____