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I \_\_\_\_\_ authorize the release of my current x-rays (current being, bitewings less than a year old and full mouth/panoramic less than 5 years old) and any other pertinent information in my dental records to be sent to Dr. Paul Ingles, DMD at the above mailing address or to be emailed over to [info@paulinglesdmd.com](mailto:info@paulinglesdmd.com).

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Signature

Date