Shawn R. McDevitt, DDS
Dentistry for Adults and Children

Date: _____

I authorize:

_____
_____
_____

To release dental x-rays/information for the purpose of further dental treatment to:

Shawn R. McDevitt, DDS
307 South 11th Avenue
Yakima, WA 98902
(509) 453-5568
(509) 453-5698 Fax
e-mail: mcdevittdds@gmail.com (for digital xrays)

X-Ray/information requested:

- Most recent Pano/FMX (even if not current).
- BWX and perio charting

Client name: _____

Birthdate: _____

Address: _____

_____ _____

Client Signature Date