



# TriState Family Dental Centers

A Professional Corporation

*Established in 1971 by*

*John B. Schymik, D.D.S. & Stanley R. Nevill, D.D.S.*

Mark J. Schymik, D.D.S.  
Andrea S. Conrad, D.M.D.

Brandy M. Greco, D.D.S.

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## X-Ray Release Authorization

Name: \_\_\_\_\_  
(Please Print)

D.O.B. \_\_\_\_\_

I authorize TriState Family Dental Centers to provide copies of my x-rays to:

Dr.: \_\_\_\_\_

Address/Email: \_\_\_\_\_  
\_\_\_\_\_

Or, I will pick them up on \_\_\_\_\_ at TriState Family Dental Centers.  
(Date)

Please allow at least two business days for processing. If the pick-up date listed above is less than two business days from receipt of this authorization, we cannot guarantee your x-rays will be available.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_