



1103 Brown Street Washington, NC 27889
Phone: 252.946.3355 | Fax: 252.948.0578
hjc dental.com

XRAY RELEASE FORM

Patient Name: _____

Patient current phone # _____

DOB: _____

Please send/email xrays to: _____

Howdy, Jones, & Cochran, PA

1103 Brown Street, Suite #3

Washington, NC 27889

Previous Dental Practice: _____

Previous Dental Practice Phone number: _____

Most recent BWX: _____

Most recent FMX/Pano: _____

I, _____, hereby authorize the release of the
above-mentioned records to Howdy, Jones, & Cochran, PA

Patient/Guardian Signature

Date