X-RAY CONSENT AND REQUEST

I consent to have my and/or my family member(s) most recent Bitewings and Panoramic x-ray(s) sent to Aeir Dental.

My Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

Signature:_____

Date:_____

Office Name (Previous Office/Dentist): _____

Please forward x-rays to admin1@aeirdental.com via Brightsquid

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