

Webster Cosmetic Dental, Ltd.
Barbara R. Webster, DDS
1121 Warren Avenue
Suite 130
Downers Grove, IL 60515
Phone: 630-663-0554
Fax: 630-663-1025

Authorization for Release of Dental Records and X-rays

I, _____, hereby authorize the release of all records concerning my dental health to:

Webster Cosmetic Dental, Ltd.
Barbara R. Webster, DDS
1121 Warren Avenue, Suite 130
Downers Grove, IL 60515
Phone: 630-663-0554 Fax: 630-663-1025
BWebster@WebsterDDS.com

BWebster@WebsterDDS.com Please email if possible

Signature (patient or guardian name) _____

Printed Name: _____