



it's personal

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

To Whom It May Concern:

I, \_\_\_\_\_ do hereby give my consent to have my dental records and x-rays transferred from

Progressive Dental to:

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENDWELL**

565 Hooper Rd.  
Endwell, NY 13760  
P: 607.754.2273  
F: 607.754.9526

**NORWICH**

101 S. Broad St.  
Norwich, NY 13815  
P: 607.334.8666  
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**MONTROSE**

57 Public Ave.  
Montrose, PA 18801  
P: 570.278.1186  
F: 570.278.7447

**KIRKWOOD**

1113 US Rte. 11  
Kirkwood, NY 13795  
P: 607.722.5464  
F: 607.775.1125

**BINGHAMTON**

51 Front St.  
Binghamton, NY 13905  
P: 607.724.7166  
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