



it's personal

Date: _____

To Whom It May Concern:

I, _____, D.O.B. _____ do hereby give my consent to have my dental records and x-rays transferred from Progressive Dental to:

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
F: 607.334.6662

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
F: 607.724.7178