

Date: _____

To Whom It May Concern:

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

Records and x-rays may be forwarded either by mail or via electronic submission to the following office:

*Please mark an office below***PROGRESSIVE DENTAL** **ENDWELL**

Email:

endwell@progressivedentalny.com

Address:

565 Hooper Road
Endwell, NY 13760 **NORWICH**

Email:

norwich@progressivedentalny.com

Address:

101 S. Broad St.
Norwich, NY 13815 **MONTROSE**

Email:

montrose@progressivedentalny.com

Address:

57 Public Ave.
Montrose, PA 18801 **KIRKWOOD**

Email:

kirkwood@progressivedentalny.com

Address:

1113 US Rte. 11
Kirkwood, NY 13795 **BINGHAMTON**

Email:

binghamton@progressivedentalny.com

Address:

51 Front St.
Binghamton, NY 13905

Patient Signature: _____ Date: _____

ENDWELL565 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