

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: _____

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: 570.221.9200
F: 570.221.6640

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