Brenda Fritz, DMD
585 Cove Road Jasper,
GA 30143
706-692-6429
fax 706-692-9448

X-ray Release Form

I _____ authorize and request the office of_____
to release my dental x-rays to Dr. Brenda Fritz.

- Date_____
- Patient name (print) _____
- Patient signature _____ (or parent if patient is minor child)

Please email x-rays (in .jpg format) to frontdesk@drbrendafritz.com