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**Records Release**

*Please send any current X-Rays available for the following patients:*

\_\_\_\_\_, date of birth \_\_\_\_\_  
\_\_\_\_\_, date of birth \_\_\_\_\_  
\_\_\_\_\_, date of birth \_\_\_\_\_  
\_\_\_\_\_, date of birth \_\_\_\_\_  
\_\_\_\_\_, date of birth \_\_\_\_\_

Thank You,



Dr. Fred T. Ridge

Patient signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_