

Dr. Paul E. Parrella, D.M.D.
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Sedona, AZ 86336
(928) 282-3266
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I, _____, (print name) authorize to have all my copies or originals of
my most recent bitewing and panoramic x-rays or any other diagnostic single P/A's and periodontal
charting mailed to:

Dr. Paul Parrella
1146 West State Route 89A, Suite C-1
Sedona, AZ 86336
(928) 282-3266
fax: (928) 203-9003

SIGNATURE: _____

DATE: _____