MELLUM
FAMILY DENTISTRY
Serving St. John's and the Greater Portland Area For Over 30 years

X-RAY RELEASE FORM

Date:_____/_____/_____

I authorize the release of my dental radiographs, dental records, and any pertinent information regarding my dental treatment to Nick R. Mellum DMD, PC.

Patient Name Printed: _____

Patient Signature: **X** _____

Nick R. Mellum DMD, PC
8910 N. Kellogg St., Portland, OR | 97203 503-286-4492 | drsmellum@comcast.net