



South Cove Community Health Center
Dental Department
145 South Street, Boston, MA 02111
435 Hancock Street, Quincy, MA 02171

Dental X-Ray Release Authorization

I authorize South Cove Community Health Center to release my dental X-Ray to

我受權給華人醫務中心拿取本人的牙齒X光照片給予

Patient Name

Medical Record # 病歷號碼

Patient Signature 簽名

Date 日期

Witness (Dental Dept Staff) 牙科見證人

Site: SS/Quincy 南街/昆西