



info@HappyTeethColorado.com | p: 303.495.2535 | f: 303.327.7229

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www.HappyTeethColorado.com

I, _____, give permission for Happy Teeth to forward my child's x-rays to another dental office. My permission allows for them to be sent via e-mail.

Please forward the x-ray(s) to email address:

Name of Patient

Parent – Print Name

Parent – Signature

Date