



*"A Smile Is A Valuable Resource"*

**Schutze Family Dentistry**

**RECORDS RELEASE AUTHORITY**

Date: \_\_\_\_\_

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby authorize the release of my x-rays/records to be transferred to:

**Schutze Family Dentistry P.C.  
453 Dixon Rd, Suite 3  
Queensbury, NY 12804  
Tel (518) 793-3553  
Fax (518) 793-5695**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\* Please email to: [geri@schutzefamilydentistry.com](mailto:geri@schutzefamilydentistry.com)

---

**H. John Schutze, D.D.S. • Jonathan M. Schutze, D.M.D.**  
Evergreen Professional Park • 453 Dixon Road, Suite 3 • Queensbury, New York 12804  
(518) 793-3553 • Fax (518) 793-5695 • [hjohndoc@aol.com](mailto:hjohndoc@aol.com)