

iSmile Orthodontics  
Forest Lake North Branch Cambridge  
651-464-1151

**RECORDS PERMISSION FORM**

I hereby give permission to have diagnostic records (x-rays, scan of teeth and photos) taken for the purpose of Orthodontic diagnosis and treatment planning. I understand that I may request duplicate records for a duplication fee.

---

Patient's full name (print)

---

Parent or Legal guardian signature

Date