

Craig A. Sterling, DMD, PA

I _____ give my consent
to release all radiographs (we are Dexis) and records to:

Craig A. Sterling, DMD, PA
9121 North Military Trail #220
Palm Beach Gardens, Fl 33410
561-626-5119
[Sterlingxrays@gmail.com](mailto: Sterlingxrays@gmail.com)

Date: _____