



115 S. School St.

Bellefonte, PA 16823

(814) 355-1587 (Phone Number)

(814) 355-2179 (Fax Number)

Date: _____

I authorize _____ to forward any current x-rays and pertinent
information to _____

Print Name: _____ Date of Birth: _____

Patients Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____