



If you had dental x-rays taken at another dental facility recently, we will gladly request to have these forwarded to our office on your behalf. Complete this form and return it to us; we'll take care of the rest!

The following patient(s) requests any BW or PA x-rays taken in the past 2 years and/or PAN x-rays taken in the past 5 years:

NAME:

DATE OF BIRTH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Previous Dental Clinic: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Parent / Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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