



TO ALLOW TIME FOR OUR OFFICE TO RECEIVE YOUR X-RAYS, PLEASE MAIL/FAX THIS RELEASE TO YOUR PREVIOUS DENTIST(S) **PRIOR TO YOUR VISIT.**

TO: _____

Patient's Name _____
SSN _____
DOB _____

Dear Dr. _____ ,

I am considering treatment at Midlands Dental. Please forward a copy of the most current bite wings, panorex, full mouth series and written doctor's notes. I request and authorize the above named dentist to release information (written records and x-rays) to Midlands Dental. You may mail or e-mail this information.

Email address is **frontdesk@midlandsdental.com**.

Thank you for your assistance.

Signature _____ Date _____