



Generations of Healthy Smiles

Dear Patient:

It is very important that we are able to properly evaluate the state of your teeth and supporting structures radiographically. During your initial visit, we will either take a new full mouth series of radiographs or will need to have a current, well placed and developed set of radiographs sent from your previous dental provider.

Most offices require this request to be written and will not release them until a signed notice is received by the requesting patient. Below is a request that you can complete and forward to your previous dental office. If you have any questions or problems that we can assist with, please do not hesitate to call.

Cut Here

Please forward medical/dental records for the patient(s) listed below to the following office:

**Perinton Dental Group
6827 Pittsford-Palmyra Road
Fairport, NY 14450
(585) 223-2221**

Patient Name (s)

Date of Birth

Thank you for your assistance.

Signature of Patient or Parent/Guardian
Or Adult Patient #1

Date

Signature of Patient or Parent/Guardian Date
Or Adult Patient #2