Cosmetic & Family Dentistry
Debra Reiner & Associates
(734) 847-1955
8339 Lewis Ave. Temperance, MI 48182

X-Ray Release Form

Date: _____

Office/Dr. _____, Office #_____

Fax #_____ Email _____

Please be advised that recently _____DOB _____

Attended our office and has decided to continue future treatment here.

The Patient kindly requested that you forward a copy of any dental treatment records, radiographs and any other information which may be pertinent to their treatment to our office. Please forward all information to:

info@bedfordmidentist.com

Please indicate the date of

Bitewing X-rays:_____

Panorex X-ray or Full Mouth Series:_____

Thank You,

Cosmetic and Family Dentistry

Patients Signed Request_____Date_____