tappuni DENTAL

AUTHORIZATION TO RELEASE DENTAL RECORDS AND X-RAYS

Dear Dr. _____ :

_____ has recently become a patient at our practice. We would like to request copies of their radiographs to be forwarded to us. Furthermore, if you would kindly provide us with the following information in order to help us in servicing this patient's dental needs.

Date of last new patient exam: _____

Date of last recall exam: _____

Date of last bitewings: _____

Date of last panorex: _____

For digital x-rays, e-mail to: info@tappunidental.com

Kindly send

- Full mouth series or panorex x-rays taken within the past 5 years
- Bitewings and periapicals taken within the past 2 years.

Thank you in advance for allowing us to continue treatment for your patient with the same care and concern.

Sincerely,

Dr. Tara Tappuni

I hereby authorize the release of my dental records and radiographs to Dr. Tara Tappuni.

_____ _____

Patient/Parent's signature Date

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