

PEARLY WHITES

The Multi-Specialty Family Dentist

Pediatrics • Adults • Cosmetic • Orthodontics

X-Ray Request Form

In an effort to save you the potential cost of additional x-rays, please sign the following x-ray transfer form.

You can mail or fax this form to your previous dentist.

X-rays should be sent to us prior to your appointment.

Please send any recent (2 years) Panorex, Full Mouth or Bite-Wing x-rays to:

PEARLY WHITES

515 SPRINGFIELD AVENUE, 2ND FLOOR

BERKELEY HEIGHTS, NJ 07922

PHONE (908)464-6789

FAX (908) 464-6767

EMAIL: FDPW@PEARLYWHITESNJ.NET

PATIENT NAME: _____

ADDITIONAL FAMILY MEMBERS: _____

BY SIGNING BELOW I AM AUTHORIZING RELEASE OF X-RAYS TO PEARLY WHITES.

SIGNATURE OF PATIENT/PARENT/GUARDIAN

DATE