

BY THE LAKE DENTAL PATIENT CHART RADIOGRAPH RELEASE REQUEST

Dear Dr. _____

Fax #: _____

Phone #: _____

Kindly forward my Patient Chart and/or dental radiographs and those of any of my family members, requested here, to the office listed below.

Chart	X-ray

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Send to: _____

Thank you.

**Name of Patient, Parent or
Guardian**

**Signature of Patient, Parent or
Guardian**

Date