

Smile

KENNEDY DENTAL

202 East Fifth Street
Marysville, Ohio 43040
www.kennedydentalonline.com
937-642-3434

Date: _____

Dear Dr. _____

Please send: ___ Panoramic Radiograph (Aged 3 years or less)
 ___ Complete Full Series of Radiographs (Aged 3 years or less)
 ___ Bitewing X-rays (Aged 6 months or less)
 ___ Copy of patient records

For the following patient(s) to Dr. Kennedy: _____

I release the above doctor from any laws related to disclosure of confidential or privileged information.

Patient Signature: _____

Address: _____

Address of Previous Dentist: _____