



Dental Solutions

Date: _____

To Whom It May Concern:

Our mutual patient _____ has authorized the release of any recent x-rays (FMX, Pano- in the last five years, or BWs- in the last two years), recent periodontal charting and any other pertinent dental or health information to our office.

If your office is digital, please forward information to info@edentalsolutions.net as soon as possible as our patient is scheduled for an appointment on _____.

Please send radiographs in DEXIS or JPEG format.

If you have any questions or concerns, please feel free to contact us.

Thank you.

E Dental Solutions

(520) -745-5496

Patient Signature: _____

DOB: _____