

PLEASE MAIL THIS FORM TO YOUR PREVIOUS DENTIST

RECORDS REQUEST:

Dear Dr. _____,

Please forward dental records, including most recent x-rays (bitewings within 1 year, panorex or full-mouth series within 5 years) for myself/my family, including the following persons:

to the following address: **South Riding Family Dentistry, PLC**
43063 Peacock Market Plaza, Suite 125
South Riding, VA 20152
(703) 327-0327 fax: (703) 327-3887

You may email records to: reception@southridingdds.com

If you have any questions, I can be reached at this phone number: _____

Thank you for your prompt cooperation.

Sincerely,
