

Dental Record & Radiograph Release Form

If you would like x-rays transferred from another office, please fill out the bottom of this form and mail or fax to your previous dentist. **(Do not send to us)**. This will authorize them to duplicate your records. At your first visit with us, x-rays will be taken if we have not received them from your previous dentist.

Please send any current radiographs or pertinent dental information to:

**Aten Family Dentistry
3420 Toringdon Way, Ste. 310
Charlotte, NC 28277
(704) 540-4252
appointments@atendental.com**

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(Print Name)

(Date)

(Signature) (parent if minor)

Note: My appointment at Aten Family Dentistry is on: _____
Please be sure my records arrive before then.

Thank you.