

JOHN J. GRAEBER, DMD

470 Ridgedale Ave.
East Hanover, NJ 07936

Laser and Cosmetic Dentistry

(973) 884-1046

To: Dr. _____

Date: _____

Fax #: _____

I, _____ authorize the release of my dental records to the above dental office.

Address: _____

I, _____ authorize the release of my child/children's dental records to the above dental office.

Kindly send copies of treatment rendered and a copy of panoramic or full series if taken less than 3 years ago. If you wish the original films returned, please indicate.

Please advise if the above x-rays are more than 3 years old.

If there is a charge for this service, kindly bill the patient.

Thank you for your attention in this matter.

xrayrequest.doc