



Dear Dr. _____

The patient listed below requests that current x-rays and any pertinent information be sent to our office.

Digital images may be sent to: office@merrellfamilydentistry.com

We appreciate your prompt response to this matter.

Sincerely,

Merrell Family Dentistry

Dr. Lucas Merrell

Dr. John Kesler

Dr. Raymond Lassiter

Dr. Kristen Wiseman

Patient's Name: _____
(first) (middle/maiden) (last)

Patient's Address: _____
(street/PO) (city) (state) (zip)

Date of Birth: _____
(month/day/year)

Patient's Signature: _____ Date: _____