

# 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.

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**Please send most recent radiographs or pertinent dental information to:**

**Aten & Garofalo Dentistry  
3420 Toringdon Way, Ste. 310  
Charlotte, NC 28277  
(704) 540-4252  
ekg@atengarofalodental.com**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature) (parent if minor)

Note: My appointment at Aten & Garofalo Dentistry is on:

\_\_\_\_\_  
Please be sure my records arrive before then.

Thank you.