



Records Request

Dentist or Practice making request:

White Willow Family Dental
212 Willow Valley Lakes Drive Suite 209
Willow Street, PA 17584
Phone: (717) 740-2200 Fax: (717) 205-2090
Email: info@whitewillowdentistry.com

Date of Request _____

Name of Individual making request _____

Previous Dentist: _____

Patient Information:

Name _____

Address _____

City, State and Zip _____

Date of Birth _____

Information to be sent:

Date of last prophylaxis appointment _____

Date of last Bite Wings _____ Being Sent: Yes _____ No _____

Date of last Panorex/FMX _____ Being Sent: Yes _____ No _____

Name and date of other x-rays _____

Being Sent: Yes _____ No _____

Patient Signature

Date