

DENTAL X-RAY RELEASE FORM

Our patient care extends beyond our doors. Accurate diagnosis and treatment planning very often requires x-rays. If you had dental x-rays taken at another dental facility ***within the last 3yrs***, we will gladly request to have the most recent images forwarded to our office on your behalf.

Please complete this form and forward to your previous office, and they will release copies of your records to us.

Linden Family Dental
Dr. Brian C. Gniadek
2056 E. Grand Ave.
Lindenhurst, IL 60046
P: 847-265-9070
bgniadek@smilesoflindenhurst.com

Request for dental x-rays and records for:

Patient Name (s): _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Request Date: _____

*If original x-rays are forwarded, and you wish them back after we copy,
please indicate and provide a return address.*

Thank You,

Your Linden Family Dental Team