

Northern Michigan Pediatric Dentistry

Dr. Matthew Mandeville DDS
Dr. James Van Wingen, DDS MS
Dr. Brandon Boike, DDS
1241 E. 8th St.
Traverse City, MI 49686
(p) 231-947-4566
(f) 231-947-9873
info@secure.nmpdkids.com

X-ray Release Form

Date: _____

Patient's name and Date of Birth:

Please send my child's most current x-rays via **E-mail** to:

_____ Please cancel all future appointments I/we have at this time.

_____ I/We plan to keep all current appointments scheduled at this time.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

*If there is a balance due on this account, please pay in full prior to the release of records.

Balance due: \$ _____

Please allow 5 business days for processing **after** we receive this request