Brian T. Seese, DMD

610 Jetton Street, Suite 250

Davidson, NC 28036

(704)895-5095

Fax: (704) 895-5097

Date _____

Dentist Name: _____

Address: _____

_____

Fax #: _____

Please send a copy of the most recent radiographs and records to our office on the following patient.

Thank you in advance for your timely response to this request.

Patients Name: _____ DOB _____

Address: _____

_____

Patient/Guardian Signature: _____ Date: _____

Sincerely,

Dr. Brian T. Seese/Staff

***Our office prefers digital radiographs sent to our email address:** *smilesbyseese@att.net* **