Brian T. Seese, DMD
610 Jetton Street, Suite 250
Davidson, NC 28036
(Office): 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:**
info@smilesbyseese.com