Jesse P. Myers D.M.D.
Alan J. White, D.D.S.
Family and Cosmetic Dentistry

601 Greenville Ave.
Staunton, VA 24401
(540) 886-1979

Request for Dental Records

Date:_____

Transferring Doctor:_____

Address:_____

_____

Phone #:_____Fax:_____

I hereby give my permission for you to transfer to/from Drs. White and Myers all dental records on the below patient(s) including, but not limited to, any bite wing, full mouth series, and panoramic films. Please email x-rays to xrays@dralanwhite.com. Thank you.

Name of Patient:_____

Patient's date of birth:_____

Signature:_____