

Date \_\_\_\_\_

Dear \_\_\_\_\_,

\_\_\_\_\_ has requested that we contact you to have the following records transferred to our practice.

\_\_\_\_\_  
\_\_\_\_\_

Please email radiographs to [info@maestrodentalwellness.com](mailto:info@maestrodentalwellness.com) in DEXIS format if possible, otherwise JPEG is fine but please include the dates the x-rays were taken. If unable to forward via email, kindly send to the above address at your earliest convenience. Our patient's appointment is \_\_\_\_\_.

Thank you,

Christopher J. Maestro DMD, FAGD

I hereby authorize the practice of \_\_\_\_\_ to release the records requested above to the Maestro Dental Wellness.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_