

Date _____

Dear _____,

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

Please email radiographs to 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 and Veronica C. Schmidt, DDS

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

Patient signature _____

Date _____