

Date \_\_\_\_\_

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

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

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

Please email radiographs to [maestrodw@mydentalmail.com](mailto:maestrodw@mydentalmail.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 D.M.D., F.A.G.D., D.ABDSM 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 \_\_\_\_\_