

*Nazareth Dental Associates
138 N. Main Street
Nazareth, PA 18064
610-759-7224
nazdental@verizon.net*

Date Requested _____

I am requesting the most recent x-rays for patient

to be sent from your office

to our office : Nazareth Dental Associates

Date of last appointment _____

Date of last prophylaxis _____

Date of last exam _____

Date of last bitewings _____

Date of last FMX/PAN _____

Health Precautions _____

Signature _____