



8975 East Golf Links Road
 Tucson, Arizona 85730
 Phone 520-886-6054
 Fax 520-886-6571

Records Request

I authorize _____ to release records indicated below to:

**Dental Care on Golf Links
 8975 E Golf Links Rd
 Tucson, AZ 85730**

 Print Name

 Signature

 DOB

Full Mouth Series

Bitewings

Pano

Other: _____

Please complete this form and fax to (520)886-6571 or email to:
info@dentalcaretucson.com

E-mail any digital x-rays in JPEG, DICOM or DEXIS format to info@dentalcaretucson.com
 or mail to the above address.

Date of last examination: ____/____/____

Date of last hygiene visit: ____/____/____