

X-RAY TRANSFER REQUEST

Please mail my most current panorex/full-mouth series taken within the last five years and bitewings taken within the last year to:

Drs. Welborne, White and Schmidt
9700 Caldwell Commons Circle
Cornelius, NC 28031

or

E-mail any digital x-rays to: info@wwsdental.com

	Patient Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Signature _____ Date _____

Signature _____ Date _____

Prior dentist's name _____

City and state _____

Phone number _____

Fax number _____

Please check below if the patient has no current x-rays and fax to (704) 896-7992.
If you have any questions, please call (704) 896-7955.