

Belvidere Dental Associates, P.C.
984 Brass Castle Road
Belvidere, NJ 07823
908-475-3641
belvideredental@ymail.com

Today is:

Patient:

You have requested that we send your most recent x-rays to another dental office. Please write the office's name and address and any email address and the reason for the request (second opinion, leaving office ...) in the space below.

Please sign below to confirm this request. Upon receipt of this note we will remove you from our recall system, if necessary, and forward your records. If you have any balance due, please include a check for payment in full.

Thank you,

Patient or Responsible Party
signature: _____

Michael E. Belby, D.D.S.
Jeremy Vince-Cruz, D.M.D.
J. M. Provenzano, D.M.D.
Laura Yarger, D.D.S.

Belvidere Dental Associates, P.C.

Michael E. Belby, D.D.S.

Jeremy Vince-Cruz, D.M.D.

J.M. Provenzano, D.M.D.

Laura Yarger, D.D.S.

Today's Date: _____

I give permission for the office of:

To transfer my most recent full set of x-rays and bite-wings to:

Belvidere Dental Associates, P.C.

984 Brass Castle Road

Belvidere, NJ 07823

908-475-3641

Any digital films can be e-mailed to:

belvideredental@ymail.com

Patient/Parent or Guardian/person who picked up films

Please print your name here _____