

NORTHWEST SMILE DESIGN

KELLY B. PETERSON, D. D. S.

5100 GROVE ST. STE B

MARYSVILLE, WA 98270

360-658-7750 PHN 360-658-1297 FAX

Radiograph and Records Request

Date Requested: _____

Patient Name: _____

Previous DDS: _____

Most Recent X-rays: Pano _____ Fmx _____ Bwx _____

Last Hygiene Visit: _____ Type of Cleaning: _____

Pending Treatment Plan:

(Tooth#) (Treatment Needed)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments:

I, _____, authorize the release of records to Northwest Smile Design for the above patient/family.

Patient/Guardian Signature

Date