
Request for current radiographs

Dear _____,

We share a mutual patient, _____, date of birth _____, who has an upcoming appointment at our office. We would appreciate your help in acquiring and current radiographs (bitewing radiographs within 12 months, pantomographic exams within 7 years) your office has on file. We would prefer electronic versions attached below but can accept than via what modality best suits you.

Mail

1005 Grand Avenue
Suite 200
West Des Moines, IA
50265

Email

ContactUs@Grand.Dental

Fax

515-223-1062

Patient release

I confirm that I am the individual listed below and have the legal authority to initiate a transfer of records containing protected health information for the individual listed above. I authorize the aforementioned provider to release the requested protected health information and send it Grand Dental in a manner consistent with the Health Insurance Portability & Accountability Act of 2006.

Printed name

Relationship

Signature

Date