



PLEASE MAIL THIS FORM TO YOUR PREVIOUS DENTIST

RECORDS REQUEST:

Dear Dr. _____,

Please forward dental records, including bitewing x-rays (less than 18mos. old) and
fmx/panorex (less than 5 yrs old) for myself/my family, including the following persons:

to the following address:

**14087 Jefferson Davis Highway, Suite 113
Woodbridge, VA 22191
P: (571) 398-6603
F: (571) 398-6541
www.admcare.com**

or email: info@admcare.com

If you have any questions, I can be reached at this phone number: _____

Thank you for your prompt cooperation.

Sincerely,
