



Family Dentistry

...with a gentle touch

www.RussDaltonDentistry.com | 8066 E. Florentine Rd., Prescott Valley, AZ 86314

DATE: _____

TO: _____

PATIENT NAME: _____

DOB: _____

Our patient, _____, has requested that their most current X-rays be transferred to your office.

Please notify us with your email address, and we will send them as soon possible. Our address is noted below:

russdaltondentistry@qwestoffice.net

Kind regards,

***Loretta Leiker
Russ Dalton Dentistry***

Patient Signature

Date

Office 928.772.2474 | Fax 928.772.5838 | RussDaltonDentistry@qwestoffice.net