



X-RAY REQUEST FORM

In an effort to save you the potential cost of additional x-rays, please sign the following x-ray transfer form. You can mail/ fax this form to your **previous dentist**.

X-rays should be sent to us **PRIOR** to your appointment!

Dr. Steven Novick, DDS
660 Dogwood Avenue
Franklin Square, NY 11010
(516) 481-1446

(Both Office # and Fax #)

X-RAYS in digital format preferred

Please email: drnovickcelebritydental@gmail.com

To whom it may concern:

The person(s) listed below have recently become a patient at our office. They have asked that we request his/her previous dental records. By signing below, the patient is authorizing these records to be released to us. Please forward any current x-rays to our office and dates of previous x-rays, cleaning and exam. Signatures are needed below next to name of anyone over 18 years of age.

(Please print patient name)

(Signature of Patient or Legal Guardian)

(Please print patient name)

(Signature of Patient or Legal Guardian)

(Please print patient name)

(Signature of Patient or Legal Guardian)

(Please print patient name)

(Signature of Patient or Legal Guardian)

Date

Thank you in advance for your prompt attention.

Sincerely,


Dr. Steven Novick, DDS