

White Roan & Associates
2590 Park Center Blvd., Ste. 100
State College, Pa 16801
814-234-6826

Please mail this to your former Dentist

Date: _____

Dear Doctor _____:

I am requesting that you please send my/my family's current records/ radiographs to the following dental practice:

White Roan & Associates
2590 Park Center Boulevard Suite 100
State College, PA 16801
Fax: (814) 234-2497
Or email to: lgreatwhitesmile@comcast.net

Last FMX : _____

Last Periapical x-rays: _____

Last Bitewing x-rays: _____

Last prophy and exam: _____

PATIENT: _____ Date of Birth: _____

PATIENT: _____ Date of Birth: _____

PATIENT: _____ Date of Birth: _____

PATIENT: _____ Date of Birth: _____

Sincerely _____
(Patient's signature) (Date)