



Please be advised that I, the parent of \_\_\_\_\_

request x-rays and or dental records to be forwarded to:

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I do realize there may be a charge to duplicate xrays or records. Depending upon the records to be duplicated, there may be a fee. If there is a fee, please remit payment with the form and return to the address at the bottom of the form.

Signed,

\_\_\_\_\_  
Parent

Date \_\_\_\_\_

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400 Greentree Road  
Sewell, NJ 08080  
856-589-6886  
FAX 856-589-0480

776 Grove Road  
West Deptford, NJ 08086  
856-848-2211  
FAX 856-848-8630