

Request for Release of Dental Records and X-rays

Dr. Alan Persons, DMD PC

8811 N. 51st Ave Ste 100

Glendale, AZ 85302

623-435-0553

Fax 623-937-1443

I request a copy of my current x-rays to be emailed to Dr Alan Persons at mapersons78@hotmail.com
or if digital x-rays are not available, please send them to the address above.

Thank you,

Patient name _____

DOB _____

signature of patient (or parent if minor)