

DATE: _____

I, _____ (print name), GIVE MY

PREVIOUS DENTIST, _____, PERMISSION TO
SEND COPIES OR ORIGINALS OF MY MOST RECENT BITEWING AND
PANORAMIC OR FMX AND ANY ADDITIONAL PAs AND PERIODONTAL
CHARTING TO:

SEDONA DENTAL ARTS, LLC
1120 W. STATE ROUTE 89A, STE. D-1
SEDONA, AZ 86336

PHONE: 928-282-1514

FAX: 928-282-4428

E-MAIL: sedonadentalarts@sedonadentalarts.com

SIGNATURE: _____