



RADIOGRAPH TRANSFER REQUEST

Please mail a copy of my most current x-rays including any panorex taken within the last five years to:

Drs. Welborne, White & O'Leary
9700 Caldwell Commons Circle Cornelius, NC 28031.

Please check below if the patient has no current x-rays and fax back to: (704) 896-7992. If you have any questions please call (704) 896-7955.

	Patient Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Signature: _____

Date: _____

Signature: _____

Date: _____

Prior dentist's name _____

Prior dentist's city and state _____

Phone number _____

Fax number _____

(For office use only) Patient has no current x-rays _____