

**Dear Dr.** \_\_\_\_\_

**RE: PATIENT:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**WILLIAMS FAMILY DENTISTRY**

I \_\_\_\_\_, request that you please send my current x-rays to Williams family Dentistry [Phone (828) 681-8888].

**EMAIL IS PREFERABLE:**  
**williamsfdentist@bellsouth.net**

**If you are unable to send via email, please forward to the office address:**

**3272 Hendersonville Road, Suite A,  
Fletcher, NC 28732.**

**Thank you for your understanding.**