John Aurelia, DDS
Dina Khoury, DDS

Radiograph and Records Request

***** Please fill out this form only to request records from a previous dental office and mail or fax it to that office.***

Dear Doctor,

Please accept this document as my formal request to have my most recent radiograph and dental records forwarded to the practice of Dr. John L. Aurelia at the following location:

John L. Aurelia, D.D.S., PLLC
804N. Main Street #201A,
Rochester, MI, 48307
Email: frontdesk@aureliadds.com

Thank you for your assistance in this matter.

_____ ____/____/_____
Patient's (Printed) Name ***Date of Birth***

_____ ____/____/_____
Patient's Signature ***Date***

_____ ***(_____) - _____ - _____***
Previous Dentist's Name ***Previouse Dentist's Phone #***