Valley Oaks Dental
7373 147th St. W. #116
Apple Valley, MN 55124
Phone (952)432-8110
Fax (952)432-4457

X-RAY REQUEST FORM

Patient Name_____Date of Birth_____

Home Phone_____Work Phone_____

Release Records From:

Dr._____

Address_____

_____

Phone Number_____

Send Records To:

_____Valley Oaks Dental_____

Address_____7373 147th St. W. #116_____

_____Apple Valley, MN 55124_____

E-Mail_____info@valleyoaksdental.com_____

Please Provide Last Date of Service for:

Exam & Prophy_____Flouride Treatment_____

Bitewings_____ Pano/FMX_____

Patient Signature Date