

Russell A. Cleveland, DDS
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X-RAY TRANSFER REQUEST

To Whom It May Concern:

Please forward current x-rays on _____ to the above address.
See the request form below.

Thank you for your help with this information.

I request any current x-rays and information regarding my treatment be forwarded to:

Russell A. Cleveland, DDS
1670 Huguenot Road
Midlothian, VA 23113

Email: rclevelanddds@gmail.com

Signature

Date

Name of previous dentist _____

Phone number _____