

Date \_\_\_\_\_

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

Please forward all of my dental records and x-rays to the office of:

Dr. Susan Orwick-Barnes  
10434 Kingston Pike  
Suite Four  
Knoxville, TN 37922

Other family members to also send records for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature