



MIDTOWN DENTAL

Records Request Form

Dear whom it may concern,

We are writing in regards to a patient we have in common. I am requesting you perform a Cephalometric X-Ray during your visit and then email it to our office at **info@midtowndentalok.com**. Thank you so much for your time. Please call if you have any questions or concerns!

Sincerely,

Dr. Darrett D. Olive