



I am requesting my previous x-rays be sent to
Borkan Family Dentistry at 1617 Ronald Dr. Raleigh, NC 27609.
For any further questions, you may call our office at 919-790-2220.

Patient's name (printed): _____

Patient's date of birth: _____

Patient's signature: _____

Date: _____

Other members of same family (minors):

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____