

X-ray/Records Release Form

***Please complete and mail or fax to your previous dentist**

Date: _____

Please send all current records; including bitewing X-rays taken within the last 12 months, full mouth X-rays, or panoramic X-rays taken within the last 5 years, current perio-charting and any other pertinent dental records to:

Amanda F. Leong DDS
2215 Santa Clara Avenue
Alameda, CA 94501

Phones: 510-865-6625 or 510-523-7600

Fax 510-865-1179

Email us at amandafleongdds@gmail.com

I have a scheduled appointment on _____.

Name _____

Date of Birth _____

Address _____

Signature of Patient _____ Date _____