

 **DENTAL  
PROFESSIONALS**

Thomas Albiero D.D.S. ◆ Keith Templin D.D.S. ◆ Cynthia Jakusz D.D.S.  
restorative and cosmetic dentistry

Chad Zambon D.D.S.  
specialist in children and adolescents

Previous Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please forward all current bitewing films, full mouth films and/or panoramic films for

\_\_\_\_\_  
(Please print patient name)

Please send original films, if possible. ***If not sending original films, please label x-rays Right or Left side.***

We are capable of accepting electronic transfer of films.

Please e-mail these to: [tjohnson@dentalprofessionals.org](mailto:tjohnson@dentalprofessionals.org).

Thank you,

**DENTAL PROFESSIONALS**

Thomas Albiero, D.D.S.

Keith Templin, D.D.S.

Cynthia Jakusz, D.D.S.

Chad Zambon, D.D.S.

I, \_\_\_\_\_, authorize the release of all  
current x-rays to **DENTAL PROFESSIONALS**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date