



# IMPRESSIONS DENTAL

442 W Kortsen Rd., Ste #104 Casa Grande, AZ 85122 520.374.2400 office / 520.374.2500 fax

Date \_\_\_\_\_

Dentist Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please send a copy of the most recent radiographs and records to our office.  
Thank you in advance for your timely response to this letter.**

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Sincerely,

**Impressions Dental**  
Office Manager