



IMPRESSIONS DENTAL CG

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