

**PLEASE MAIL THIS FORM TO YOUR PREVIOUS DENTIST**

**RECORDS REQUEST:**

Dear Dr. \_\_\_\_\_,

Please forward dental records, including bitewing x-rays (less than 18mos. old) and  
fmx/panorex (less than 5 yrs old) for myself/my family, including the following persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to the following address:

**Sunrise Valley Dental Associates, PLLC**  
**12950 Highland Crossing Dr., Suite F**  
**Herndon, VA 20171**  
**703-787-9670**  
**email: [reception@sunrisevalleydds.com](mailto:reception@sunrisevalleydds.com)**

If you have any questions, I can be reached at this phone number: \_\_\_\_\_

Thank you for your prompt cooperation.

Sincerely,

\_\_\_\_\_