Kenneth L. Williams D.D.S.
Family Dentistry of Belleville
11784 Belleville Road
Belleville, MI 48111
734-699-1808
734-699-3599 Fax

I, _____, respectively request that my most current x-rays be sent from Family Dentistry of Belleville to my current dental office, which I will provide at the bottom of this release.

_____ _____
(Patient Signature) (Date)

_____ _____
(Practice Advocate/Witness) (Date)

Patient's Current Dental Office:

_____
(Name of Practice)

_____
(Address)

_____
(City, State, Zip Code)

_____
(Phone Numbers)