

**Kenneth Williams D.D.S.**  
**Family Dentistry of Belleville & Associates**

11784 Belleville Rd  
Belleville, MI 48111  
(734) 699-1808 phone  
(734) 699-3599 fax

I, \_\_\_\_\_, respectively request for my most current x-rays from  
\_\_\_\_\_, to be sent to Family Dentistry of Belleville & Associates.

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Practice Advocate/Witness)

\_\_\_\_\_  
(Date)

Patient's previous Dental Office:

\_\_\_\_\_  
(Name of Practice)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)