



1993 S Frontage Road, Suite 208
Sierra Vista, AZ 85635
520-458-4646
WWW.SVDENTIST.COM

REQUEST FOR DENTAL XRAYS AND RECORDS

I, _____, authorize my dental X rays and records to be released to Gayle Y. Lundtvedt, DMD. Please provide digital x-rays via email to info.svdentist@cox.net.

Please forward my records to:

Gayle Y. Lundtvedt, DMD, PC
1993 S Frontage Road, Suite 208
Sierra Vista, AZ 85635

Printed name: _____

Date: _____

Signature: _____