



Family Dentistry • Cosmetic Dentistry
30231 Jefferson Ave., Saint Clair Shores, MI 48082
Office 586.775.2400 • drprush@aol.com • www.drprush.com

Records Request Form

Patient/s Name: _____ DOB _____

Address _____

Phone Number: _____

Hello,

I am requesting the following dental records be forwarded:

- Recent Bitewing xrays
- Full Mouth Xrays or Panorex x ray
- Dental Implant Placement Information
- Orthodontic Records
- Treatment Record

You may email any records to my attention at drprush@aol.com or if digital records not available, please mail to Dr. Kevin Prush, 30231 Jefferson Avenue, Saint Clair Shores, MI 48081

Thank you,

Jill

I authorize copies of the above mentioned items to be sent to Dr. Kevin Prush.

Patient Signature: _____ Date: _____