



KEVIN PRUSH, D.D.S.

**DIVERSIFIED  
DENTAL**

Family Dentistry • Cosmetic Dentistry

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## Records Request Form

Patients/s Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hello,

I am requesting the following dental records be forwarded:

- Recent Bitewing x-rays
- Full Mouth x-rays or Panorex x-ray
- Dental Implant Placement Information
- Orthodontic records
- Treatment Records

Please email any records to [drprush@aol.com](mailto:drprush@aol.com), or if digital records are not available, please mail to:

**Diversified Dental**

**30231 Jefferson Avenue**

**Saint Clair Shores, MI 48082**

Thank you,

Dr. Kevin Prush

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_