

## Information needed for x rays:

Patient Name: \_\_\_\_\_

Dentist: \_\_\_\_\_

- ✓ We need the most recent x ray taken.
- ✓ Date of x ray: \_\_\_\_\_
- ✓ PA or PANO (circle one)
- ✓ Does the x ray show full roots? Y N
- ✓ Send to our e mail: [jcowan29@yahoo.com](mailto:jcowan29@yahoo.com)