



Date _____

Dentist Name _____

Address _____

Please send a copy of the most recent radiographs and records to our office.
Thank you in advance for your timely response to this letter.

Patients Name _____ DOB _____

Address _____

Patient/Guardian Signature _____ Date _____

Sincerely,

Crognale, Collins & Crognale Dental
2958 Marietta Avenue
Lancaster, Pa. 17601
717-898-6068

