



LAKE BOONE
DENTISTRY
RALEIGH

X-RAY RELEASE FORM

Patient Name

Date of Birth

Patient or Legal Guardian Signature

Today's Date

Please release a copy of any panorex x-ray taken on the above patient in the last 5 years, and any bitewing or PA x-rays taken in the past 2 years. Please send them to the below Doctor's mailing address, fax telephone number, or email address. Please send your email x-rays in Dentrix or Jpeg format. Do not put in zip file. Thank you.

Dr. Matthew J. Ricke, DDS, PLLC
2310 Myron Dr Raleigh, NC 27607
Telephone: (919) 781-8610
Fax: (919) 571-1329
Email: office@lakeboonedentistry.com