

Steven H. Ghim, D.M.D.
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Charlotte, NC 28277
(704)935-2700

Dental Records Request

Please send this to your previous dentist at least two weeks before your scheduled appointment with our office.

*We must have your current x-rays or you will be charged for an updated set of x-rays.

To Whom It May Concern:

Name: _____ DOB: _____

The patient above requests and authorizes the release of their radiographs to the office of Steven H. Ghim DMD.

It is only necessary to send:

- Bitewing (BWX) radiographs, if less than one (1) year old.
- Full Mouth Series (FMX) films or Panorex, if less than five (5) years old.
 - Please forward diagnostic quality film copies by U.S. Postal Mail to the address listed above.
 - Email digital radiographs to : Contact@drstevenghim.com

I, _____, hereby request that copies of my dental radiographs, along with any pertinent treatment records, be forwarded to Steven H. Ghim DMD.

Patient Signature: _____ Date: _____