

Steven H. Ghim, D.M.D.  
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## 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](mailto: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: \_\_\_\_\_