



WILLIAM E. PRIVETT D.D.S. F.A.G.D.
HEART OF TEXAS
GENERAL DENTISTRY

Patient Request for Transfer of X-rays

I, _____, no longer wish to be a patient of record at W.E. Privett, D.D.S. Therefore, I request that my current dental x-rays be transferred to the following dental office:

Practice Name

Address

City, State, Zip

Phone # Fax #

e-mail Address

Please feel free to contact our office if you have any questions.

Signature

Printed Name

Date