Dental on Main

Dr. Matt Pruden, D.M.D

X-Ray/Records Request Form

Date: ____

Patients Name/s: ____

Date/s of Birth: ____

I am requesting that my X-Rays/Records be sent from:

Doctor**:** ____

Doctor's Address**:** ____

Doctor's Phone Number**:** ____

Email Address (if known): ____

Please forward x-rays/records to Dental on Main by email (dentalonmain@gmail.com) or you can mail to 1341 – 100th St. North Battleford, SK S9A 0V9.

Print Patient Name
(Guardian Name if under 18): ____

Patient/Guardian Signature: ____

1341 100th Street • North Battleford, SK S9A 0V9
Phone (306) 446-2300 • Fax (306) 446-2301 • dentalonmain@gmail.com