



I am requesting my previous x-rays be sent to BLOWE FAMILY DENTISTRY at: 549 Highland St. Mt. Holly, NC 28120. For any further questions you may call our office at 704-822-0007.

Patient's name (printed): _____

Patient's date of birth: _____

Patient's signature: _____

Date: _____

Other members of same family (minors):

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Abby C. Blowe, DDS

549 Highland Street • Mt Holly, NC 28120 • Phone: 704.822.0007

Fax: 704.822.2008 • drblowe@BloweFamilyDentistry.com • **BloweFamilyDentistry.com**