

Xray / Records Release

\*Please complete and mail or fax to your previous dentist.

Date: \_\_\_\_\_

Please send all current records including bitewing xrays taken within the last 24 months, full series or panoramic xrays taken within the last 5 years, and any other pertinent dental records to:

Excellence In Dentistry  
Drs. Hill, Sergeant & Batchelor  
226 W Cottage Grove Road  
Cottage Grove, WI 53527

Phone (608) 839 - 4554  
Fax (608) 839 - 5260  
Email: [cqoffice@ExcellenceInDentistry.com](mailto:cqoffice@ExcellenceInDentistry.com)

I have an appointment scheduled on : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City State ZIP: \_\_\_\_\_

Signed: \_\_\_\_\_