



**HEATHER J. BROWN, DDS**

FAMILY DENTISTRY  
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CHARLOTTE, NC 28277  
704.544.2141

If you would like *x-rays transferred* from another office, please fill out this form and mail or fax it to your ***previous dentist***. This will authorize them to duplicate your records and send them to Dr. Brown. If this is your first visit to our office x-rays are ***required*** (unless you are pregnant). If your x-rays do not arrive prior to your appointment, it will be necessary for us to take new ones.

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Please send any current x-rays or pertinent dental information to above address or email digital x-rays to : **Andrea@HBrownDDS.com** or **Lorraine@HBrownDDS.com**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature (parent if minor) Date \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\*Note: My appointment with Dr. Brown is on: \_\_\_\_\_

Please be sure my records arrive before then. Thank You.