



GEORGE A. RESNEVIC, D.M.D.
KERRI-RAE AGIN, D.M.D.

DENTAL X-RAY and RECORD REQUEST

Date: _____

To Doctor name: _____

Office address: _____

I would appreciate your forwarding all of my x-rays and complete dental records to:

DENTAL ASSOCIATES
(Independent Dentists)
Dr. George A. Resnevic & Dr. Kerri-Rae Agin
895 Putnam Pike
Chepachet, RI 02814

Thank you.

Patient's Signature: _____

Print Name: _____

Date of Birth: _____

Address: _____

Address 2: _____