



## X-Ray/Records Release

Please complete and email or mail/fax to your previous dentist if you would like any x-rays or records transferred to our office.

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

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

### Summit Square Dental

**Dr. Majelle Susler**

3228 Turnberry Oak Dr. Waukesha, WI 53188

Phone: (262)544-0171

Email: [info@summitsquaredental.com](mailto:info@summitsquaredental.com)

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Signature

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Print Name