



## X-Ray Request Form

In an effort to save you the potential cost of additional x-rays, please sign the following x-ray transfer form. You can mail or fax this form to your **previous dentist**. X-rays should be sent to us prior to your appointment.

**Please send any recent (2 years) Panorex, Full Mouth or Bite-wing x-rays to:**

**Plum Grove Dental Associates  
222 N. Plum Grove Road  
Palatine, IL 60067**

**847-359-4700  
847-359-9977 (FAX)**

**X-Rays in digital format preferred. Email: [pgda@sbcglobal.net](mailto:pgda@sbcglobal.net).**

Previous Dentist: \_\_\_\_\_

Phone # or Fax # for Previous Dentist: \_\_\_\_\_

Signed: \_\_\_\_\_ / \_\_\_\_\_  
(patient signature) (please print patient name)

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