

Drs. Steiner & Ventrucchi
7373 147th St. W. #116
Apple Valley, MN 55124
Phone (952)432-8110
Fax (952)432-4457

X-RAY REQUEST FORM

Patient Name _____ Date of Birth _____

Home Phone _____ Work Phone _____

Release Records From:

Dr. _____

Address _____

Phone Number _____

Send Records To:

Drs. _____ Steiner & Ventrucchi

Address _____ 7373 147th St. W. #116

_____ Apple Valley, MN 55124

E-Mail _____ info@applevalleysmiles.com

Please Provide Last Date of Service for:

Exam & Propy _____ Flouride Treatment _____

Bitewings _____ Pano/FMX _____

Patient Signature

Date

