

Drs. Steiner & Ventrucchi  
7373 147<sup>th</sup> 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 147<sup>th</sup> St. W. #116

\_\_\_\_\_ Apple Valley, MN 55124

E-Mail \_\_\_\_\_ [info@applevalleymiles.com](mailto:info@applevalleymiles.com)

**Please Provide Last Date of Service for:**

Exam & Prophy \_\_\_\_\_ Flouride Treatment \_\_\_\_\_

Bitewings \_\_\_\_\_ Pano/FMX \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

