



James L. Margarit, DDS

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(575) 521-9375
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Radiograph Transfer Request

Date:

Dear Doctor,

I am requesting a radiograph transfer for the patient(s) named below.

I would appreciate copies of:

- Most recent bite-wing x-rays
- Most recent full-mouth x-ray.

If possible, digital copies are preferred. I recommend that you use a secure, HIPAA compliant service like mdofficemail.com. My email address is drmargarit@mdofficemail.com.

Don't forget names and dates!

Patient Name(s) & Birthdate(s)

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Signature of Patient/Guardian

Date