

\_\_\_\_\_  
Date

I, \_\_\_\_\_, request that a copy of my dental records and most recent x-rays be forwarded to :

James C. Wilson, D.D.S  
19 W. Market St., Suite A  
Tiffin, Ohio 44883

Digital x-rays may be e-mailed to [jameswilsondds@sbcglobal.net](mailto:jameswilsondds@sbcglobal.net).

Thank you for your cooperation.

\_\_\_\_\_  
authorized signature