

GRANTS PASS  DENTAL

*Jed Ledesma D.D.S.*

*Dental Records Request Form*

Dental Records requested from: \_\_\_\_\_

I, \_\_\_\_\_, Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
am hereby officially requesting

My dental x-rays transferred to:

**Grants Pass Dental, LLC  
Dr Jed Ledesma  
118 NE Jackson St  
Grants Pass, OR 97526  
info@grantspassdentalcare.com**

Please send:

- 1) Bitewings taken within the last year
- 2) FMX taken within the last 5 years
- 3) Most recent Perio chart

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

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