

MESILLA VALLEY FAMILY DENTISTRY
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Las Cruces, NM 88005

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Date _____

I hereby authorize the release of my x-rays/ written records or copies of any pertinent information from;

Previous Dental Office: _____

Address _____

Fax _____

Dentist Phone Number: _____

Please Mail To: Mesilla Valley FAMILY DENTISTRY
608 South Alameda Blvd.
Las Cruces, New Mexico 88005

Or Email to: schedule@mvdentalcenter.com (.JEP) Thank You.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____

Please send as soon as possible!
Thank you