MESILLA VALLEY FAMILY DENTISTRY
608 South Alameda Boulevard
Las Cruces, NM 88005

WAEL BORHAM DDS

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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 _____

_____

*Dentist Phone Number:*_____

Please Mail to: *Mesilla Valley FAMILY DENTISRTY*
608 South Alameda Boulevard
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!