

Alexis A. Atchinson, DDS, PC

“Creating Healthy Smiles”

1729 W Harvard Avenue, Suite #1
Roseburg, Oregon 97471
P:541-673-0131 Email: info@dralexisdds.com

Dear Dr. _____

I authorize you to send my x-ray, and dental records to:

Alexis A. Atchinson DDS, PC

1729 W Harvard Ave. Suite # 1

Roseburg, OR 97471

541- 673- 0131

Email: info@dralexisdds.com

Thank You Very Much!

Signature: _____ Date: _____

Patients Name: _____ DOB: _____

Patients Name: _____ DOB: _____