



Pleasant Mill

PEDIATRIC DENTISTRY



1236 Ebenezer Road, Suite 110
Rock Hill, SC 29732
803-324-7540

1690 West Hwy 160, Suite A
Fort Mill, SC 29708
803-548-2333

Date: _____

Dear _____

Name: _____

DOB: __/__/____
____/____/____
____/____/____
____/____/____

The family above is currently seeking dental care at our office. The parent has stated that you have information which may be useful in his/her treatment. Please forward copies of the child's chart, as well as copies of the most recent panorex and/or bitewings.

Please email them to: office@pleasantmillpd.com.

I hereby authorize the release of my child's dental information and dental radiography to **Pleasant Mill Pediatric Dentistry**.

Parent/ Guardian Signature: _____