

Drs. Elias, Opdahl & Bowen, D.D.S.
19201 E. Valley View Pkwy, Suite A ♦ Independence, MO 64055
816-478-3600 ♦ Fax 816-478-0246

X-Ray/Records Request Form

Patients Name: _____

Date of Birth: _____

I am requesting that my records be sent from:

Doctor: _____

Doctor's Address: _____

Doctor's Phone Number: _____

You may mail them to us at the above address, or email to
businessoffice@smilesinkc.com

Patient's Signature: _____ Date: _____

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