



**CORNELIUS**  
D E N T I S T R Y

[www.corneliusdentistry.com](http://www.corneliusdentistry.com)

8301 Magnolia Estates Dr., #4

704 / 896.7660

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Please send a copy of my most current x-rays, including any Panorex or Full Series taken within the past five years, to:

Cornelius Dentistry  
C/o Dr. Megan Stenvall  
8301 Magnolia Estates Drive  
Suite 4  
Cornelius, NC 28031

OR

E-mail to: [info@corneliusdentistry.com](mailto:info@corneliusdentistry.com)

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Patient Name

Date of Birth

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prior Dentist Name: \_\_\_\_\_

Prior Dentist's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax or E-mail Address: \_\_\_\_\_

Patient has no current X-rays: \_\_\_\_\_

\*\*If Patient has no current x-rays please email or call office to inform us of this.

Thank you, Cornelius Dentistry