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I, _____, request a copy of my dental x-rays be forwarded to the address listed below.

You may email them to us at support@drcotty.com

David C. Cotty, D.M.D.
816 West Mills Street, Suite E
Columbus, NC 28722

Thank you for your cooperation.
Lorraine Dipple

Patient Signature: _____

Print Name: _____

Patient's Address: _____

Date: _____

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