



**Parasitology Center, Inc.**

11445 E. Via Linda, #2-419, Scottsdale, AZ 85259 Ph. 480-767-2522 Fax 480-767-5855

**Records Request**

Dentist: \_\_\_\_\_

Office: \_\_\_\_\_

After consulting with PCI I, \_\_\_\_\_, am requesting the following information: Please indicate what (if any) materials were used in any dental procedures that were performed by your office.

Categories	Date	Tooth	Material
Metals			
Etching Materials			
Glass Ionomers			
Composites			
Indirect (Laboratory) Composites			
Liners, Bases & Varnishes			
Bonding Agents			
Precious Crowns & Bridges			
Porcelain & Ceramics			
Porcelain without Aluminum			

Categories	Date	Tooth	Material
Non-Precious Metal Crowns & Bridges			
Non-Metallic Crowns & Bridges			
Impression Materials			
Temporary Materials			
Cements			
Root Canal Materials			
Implant Materials			
Denture Base Materials			
Denture Teeth			
Denture Liner, Repair, Adhesive			
Denture Alloys			

If you need any more space please use the area below to make any comments.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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



