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REQUEST FOR DENTAL RECORDS
(Mail To Previous Dentist)

DATE: _____

Dr. _____

Address: _____

Dear Dr. _____,

Our office has received a request for transfer of dental records for the following patient.

Patient Name: _____

Address: _____

We would appreciate if you would forward their records and radiographs to our office. Please notify us if there are any problems with this request.

Signature of patient: _____ Date: _____

Please send to:

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