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Request for Records

Dentist Name: _____

Address: _____

Phone: (____) _____

Fax: (____) _____

Please send a copy of the dental charting records, progress notes, and the most recent full mouth and bitewing radiographs to our office. Thank you in advance for your timely response to this request.

Patients Name: _____ DOB: _____

Address: _____

Patient/Guardian Signature

Date