



Please complete the top portion of this form and mail it to your previous dental office to request that they release your records **PRIOR** to your scheduled appointment with our office.

I, _____ request that my dental records be
(Patient Name and Birth Date) transferred to:

Davis Dental Care, 7470 South Park Drive, Savage, MN 55378

(952) 479-1571 info@davidentalcare.net

Patient Signature: _____

Patients Name: _____

Please send any Full Series or Panorex: (Within 5 years of date taken.) _____

Please send any Bite Wings: (Within 1 year of date taken.) _____

We would also appreciate the following information:

First Visit: _____

Last Visit: _____

Thank you,

Davis Dental Care