KEARNS & ASHBY PEDIATRIC DENTISTRY

DENTISTRY FOR INFANTS, CHILDREN & TEENS



4509 UNION DEPOSIT RD HARRISBURG, PA 17112 (717) 558-9830 FAX: (717) 558-9844 4836 EAST TRINDLE ROAD MECHANICSBURG, PA 17050 (717) 737-5834 FAX: (717) 737-2158

REQUEST FOR DENTAL RECORDS

| I,, | , am requesting copies of medical | | |
|---|-----------------------------------|------|--|
| Parent/Guardian of Minor Child or Self | | | |
| records for the following patient(s). | | | |
| Patient name: | | | |
| Patient Date of Birth: | | | |
| Address: | | | |
| Would you like all future scheduled appointments | | No | |
| I would like records to be forward to the following | practice: | | |
| Practice Name: | | _ | |
| Email Address: | | _ | |
| | | | |
| Parent/Guardian of Minor Child or Self Signature | | Date | |
| | | | |
| Date Received: | | | |
| (Office Use Only) | | | |