3525 25th St S
Fargo, ND 58104
(701) 298-9400
www.designersmilesfargo.com

# RECORDS REQUEST

Name and Address of Previous Dentist: Date:_____

_____

_____

_____

_____

Please send records to: Designer Smiles

3525 25th St. S.

Fargo, ND 58104

_____Has requested that I review his/her dental records. Please send current radiographs and any other pertinent information regarding patient care.

Thank you.

Sincerely,

Dr. Jeff Harrie

I request the release of my dental records to Designer Smiles.

_____

Patient signature

Digital x-rays can be emailed to

office@designersmilesfargo.com

DESIGNER SMILES