

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 Dennis Hetland & Dr Jeff Harrie

I request the release of my dental records to Designer Smiles

Patient Signature

Digital x-rays can be emailed to
awakenyoursmile@cableone.net

