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This form allows for the transfer of Dental Records for: \_\_\_\_\_  
(patient name)

**From Smiles of Skaneateles to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

We request the transfer of Dental Records for: \_\_\_\_\_  
(patient name)

**To Our Office From:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This transfer is valid for Myself and Family Members as listed:

\_\_\_\_\_

\_\_\_\_\_

Items to be transferred: ( ) Most Current X-rays, Including Panorex  
( ) Chart, General Information & Treatment Notes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_