DR. COURTNEY J. LAM, DMD
FAMILY AND COSMETIC DENTISTRY

244 ADELIA ST.
MIDDLETOWN, PA 17057
717-944-3311
OFFICE@DRLAMDENTISTRY.COM

REQUEST FOR DENTAL RECORDS

IN ORDER TO PROTECT THE CONTINUITY OF TREATMENT, WE WOULD APPRECIATE THE TRANSFER OF A COPY OF DENTAL RECORDS AND ANY CURRENT DENTAL RADIOGRAPHS FOR THE BELOW-MENTIONED PATIENT. THANK YOU IN ADVANCE FOR YOUR PROMPT COOPERATION

RECORD TRANSFER REQUEST FOR:

PATIENT NAME: DOB:

PATIENT ADDRESS:

NAME OF PREVIOUS DENTIST/PRACTICE:

ADDRESS OF PREVIOUS DENTIST/PRACTICE:

TELEPHONE NUMBER OF PREVIOUS DENTIST:

EMAIL OF PREVIOUS DENTIST:

BY SIGNING BELOW, I CONSENT FOR MY DENTAL TREATMENT RECORDS AND/OR X-RAYS TO BE TRANSFERRED BY EMAIL TO OFFICE@DRLAMDENTISTRY.COM

PRACTICE NAME: DR. COURTNEY J. LAM, DMD
PRACTICE ADDRESS: 244 ADELIA ST, MIDDLETOWN, PA 17057
PRACTICE PHONE NUMBER: (717) 944 3311

SIGNATURE: DATE: