



Stephen D Cochran, DMD
Flavio M Soares, DDS
Jacqueline M Fetner, DMD

**All are Diplomats of the American Board of Pediatric Dentistry*

Date Received:

Patient Name:

Patient Date of Birth:

X-rays only Full written records/history

Reason for records:

If transferring to a new office, please list the appointment date:

Please choose an option to have records sent:

Email records and/or x-rays to: Personal Dental Office

If sending to personal email: Encrypted Unencrypted

Parent/Guardian Signature (or if patient is 18+ years old they must sign)

Signature:

Date:

BAYMEADOWS OFFICE 8355 Bayberry Road, Jacksonville, FL 32256
ST. JOHNS PARKWAY OFFICE 2050 St. Johns Parkway, Suite 103-104, St. Johns, FL 32259

(904) 733-7254 • office@setzerandcochran.com • cochranandsoares.com