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**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

Email Address:

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

Signature:

Date:

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