

Request to have Dental Records Transferred

I _____, request to have the following dental records

Transferred to Parke & Rogers Dentistry at:

9191 Pinecroft Drive, suite 270
The Woodlands, TX 77380

ثفا FMX and current bitewing x-rays

ثفا Periodontal charting

ثفا Hard tissue charting

ثفا Current treatment plan

Thank you,

Printed Name

Signature