

## Records Transfer Form

I am requesting a transfer of the Dental Records for:

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Please forward the following:

1. Any radiographs that are 2 years old or less.
2. A copy of the most current Health History.
3. A copy of all records for the previous 5 years.
4. Any other pertinent information such as letters from physicians, hospitals, etc. that might pertain to past and future dental treatment.

Please forward the records to:

Marshall T. Snodgrass, D.D.S., P.C.

14303 West State Hwy 38

Marshfield, MO 65706

Signature (patient or guardian):

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