

REQUEST FOR TRANSFER OF DOCUMENTS

Date: _____
Previous Dental Office Name: _____
Previous Dental Office phone number: _____
Patient Name(print): _____ DOB: _____
Signature of Patient _____

I request the dental office listed above to please forward any current films for the above patient to:

McGann Family Dental
8981 Highway 5
Lake Elmo, MN 55042
Phone: 651-777-1337 Fax: 651-482-7957

******Note: Our preferred method of receiving x-rays and record is via email:
Please email to: info@mcgannfamilydental.com**

Please include the following information in the transferred files as well:

Date of last visit: _____ Date of last prophylaxis: _____ Date of most recent films: _____
Remarks: _____

Thank you for your help in updating our records.

McGann Family Dental
Patrick McGann DDS