

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 List above to please forward any current films for the above patient to:

McGann Family Dental
8981 33rd Street N
Lake Elmo, MN 55042
Phone: 651-777-1337
Fax: 651-748-0480

**** Note: Our preferred method of receiving x-rays and records 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 the most recent films: _____
Remarks: _____

Thank you for your help in updating our records

McGann Family Dental
Patrick McGann DDS