



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 33rd St N
Lake Elmo, MN 55042
Phone: 651-777-1337 Fax: 651-748-0480**

*****Please note our preferred method of receiving x-rays and record information is via email.**

Please email to: info@mcgannfamilydental.com

Please include the following information in the transferred files:

Date of last visit: _____ Date of last prophylaxis: _____ Date of most recent x-rays: _____

Remarks: _____

Thank you for your help in updating our records.

**McGann Family Dental
Patrick McGann DDS**