



RECORD AND RADIOGRAPH TRANSFER REQUEST

PATIENT NAME(S): _____ DATE(S) OF BIRTH: _____

I authorize _____

(Previous dental office name, address and phone number)

to forward my current dental records to Merry Dental Care Center, PA.

Merry Dental Care Center prefers all records to be sent via email to info@merrydentalcarecenter.com.

If email is not an option, please mail records to 7460 Market Place Drive, Eden Prairie, MN 55344.

Please call our patient coordinator if you have any questions regarding the transfer of records.

Signature of Patient, Parent or Guardian _____ Date _____

Merry Dental Care Center, PA – 7460 Market Place Drive, Eden Prairie, MN 55344 – phone 952.942.0808 – fax 952.942.5151