

Grace Dental
12425 55th St N
Lake Elmo, MN 55042
phone 651 430-1020 fax 651 439-2201
dentist@gracedentalmn.com

Request for transfer of Patient Information. Today's date: _____

Attn: Previous Clinic Name _____

please print

Patient(s) name(s) _____ DOB ___/___/___

_____ DOB ___/___/___

_____ DOB ___/___/___

Please forward current x-rays, patient history, unfinished treatment plans and current specialist correspondence to the following dental clinic: Grace Dental at the address above

Dates of last Exam

Prophy

BWX

FMX

___ check if this request needs immediate attention due to an appointment soon.

Date of appointment _____

Signature of authorized requestor
