

Record Transfer Request

Glenmont Dental/ Michael V. Conte DDS, PC

Dear Dr.

I hereby request a copy my(our) dental records as detailed below, and please send to:

Glenmont Dental/ Michael V. Conte DDS, PC
P.O Box 127, Glenmont Road
Glenmont, NY 12077-0127

- Most Recent X-Rays(past two years) Dental Records Other

For the Following Patient:

Date of Birth:

Date of Birth:

Signature:

Print Name:

Relationship to patient(s): Self Parent Spouse Guardian