Albertville Family Dental

5047 Jason Avenue N E

Albertville, MN 55301

Phone: 763-497-8165

Fax: 763-497-8162

E-mail: info@albertvilledental.com

Date: _____

I _____ request the current x-rays for the below listed patient(s) :

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Duplicated and forwarded to: _____

_____

_____

The reason for this request is : _____

Signature : _____