



Records Request Form

Please send my/our most current perio-chart, complete series/pano and bitewing x-rays to:

Discovery Dental
2530 E Street
Washougal, WA 98671
Tel: 360-835-2193
Fax: 360-835-2194

Email: contact@discoverydentistry.com

Please print name(s) for ALL patients whose records
Need to be transferred:

Please print corresponding date(s) of birth:

Patient/Parent Signature

Date

Please send this form to your former dentist:
