



fiant dental

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PATIENT REQUEST FOR TRANSFER OF DENTAL RECORDS

To Whom it May Concern:

Please transfer my dental records to Fiant Dental in Minneapolis including:

- Radiographs
- Current treatment plan
- Progress notes
- Periodontal charting/measurements
- Correspondence to/from specialty care providers

Thank you.

Patient Full Name: _____

Date of Birth: _____

Signature: _____ Date: _____

