



REQUEST FOR DENTAL RECORDS

DATE: _____

PATIENT: _____

I am requesting that a copy of my dental records be sent to: (circle Doctor):

Steven S.Son, DDS
Anaheim Dental Group
40 E Orangethorpe Ave,
Anaheim, CA 92801

Daniel K. Kim, DDS
Anaheim Dental Group
40 E Orangethorpe Ave,
Anaheim, CA 92801

******Please include copies of the most recent full mouth radiographs, bitewing radiographs, as well as pertinent progress notes and treatment plan notes.***

Thank you,

Signature

***NOTE: Digital x-rays can be emailed to contact@anaheimdentalgroup.com Please include the dates of the radiographs.**