

**PLEASE MAIL THIS FORM TO YOUR PREVIOUS
DENTIST/FACILITY**

RECORDS REQUEST:

Dear _____,

Please forward dental records, including bitewing x-rays (less than 18mos. Old) and
FMX/panorex (less than 5 yrs old) for myself/my family, including the following
persons:

to the following address:

Email (preferred): info@AbbellaDental.com

OR

Mailing Address:

Abbella Dental Care
217 N Main St
North Wales, PA 19454
267-217-3328

OR

Fax: 267-328-6182

If you have any questions, I can be reached at this phone number: _____
Thank you for your prompt cooperation.

Sincerely,

Signature

(Print Name)