

REQUEST FOR DENTAL RECORDS TRANSFER

**Gary R. Templeman D.D.S.**  
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PLEASE RELEASE ALL DENTAL RECORDS AND X-RAYS FOR

\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_

I REQUEST THAT MY DENTAL RECORDS BE SENT TO DR. TEMPLEMAN.

PRINT \_\_\_\_\_

SIGN \_\_\_\_\_

DATE \_\_\_\_\_