



1702 Lovering Avenue  
Wilmington, Delaware 19806

Email: [firststatedental@comcast.net](mailto:firststatedental@comcast.net)  
302-652-5312 (phone)  
302-652-8679 (fax)

**Patient Request for Transfer of Dental Records**

To Whom it May Concern:

Please transfer my dental records to First State Dental, 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: \_\_\_\_\_