

*Please send this form to your previous dentist.*

Carolyn E. McGinn, DMD  
Walter P. McGinn, DMD  
153 Grove Street  
Putnam, CT 06260  
(860) 928-3723

## Request for Dental Records

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Doctor,

Please send copies of dental records and radiographs for the individuals listed below to Dr. McGinn, 153 Grove Street, Putnam, CT 06260.

Print name	D.O.B	Relationship	Signature/date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for your assistance.