

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
putnamdentist@icloud.com

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 or **putnamdentist@icloud.com**.

| Print name | D.O.B | Relationship | Signature/date |
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Thank you for your assistance.