REQUEST TO TRANSFER DENTAL RECORDS AND X-RAYS

Krivohlavek & Hatfield, D.D.S.
2501 Lakeridge Drive, Suite 102
Norfolk, NE 68701

402-371-1170
402-644-3469 fax

Bradley J. Krivohlavek, DDS Jenna L. Hatfield, DDS

If you would like your dental records forwarded to our office,
please complete this form and send it to your previous dental office.
Thank you!

Patient's Name ____

Date of Birth ____

Home Address ____

Records and x-rays may be emailed to drkoffice@cableone.net

Previous Dentist:

Name ______________________________

Address ______________________________ Phone ________________________

E-mail ________________________________ Fax __________________________

Signature of Patient or Guardian ______________________________ Date ______________