

REQUEST TO TRANSFER DENTAL RECORDS AND X-RAYS



Hatfield Family Dentistry
2501 Lakeridge Dr, Ste 102
Norfolk NE 68701
402-371-1170
402-644-3469 fax

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 frontdesk@hatfieldfamilydentistry.com

Previous Dentist:

Name _____

Address _____ Phone _____

E-mail _____ Fax _____

Signature of Patient or Guardian _____ Date _____