

**MAIL OR FAX THIS FORM TO YOUR PREVIOUS
DENTAL OFFICE**

**PLEASE SEND ALL CURRENT XRAYS FOR THE FOLLOWING
PATIENTS TO:**

**WOODBURY DENTAL CARE
3060 B WOODBURY DRIVE
WOODBURY, MN 55129**

We accept Digital Radiographs to: info@woodburydentalcare.com

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

SIGNATURE OF PATIENT OR GUARDIAN: _____

IF YOU HAVE ANY QUESTIONS PLEASE CALL 651-739-7910

THANK YOU