

# WOODBURY DENTAL *Care*

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MAIL OR FAX THIS FORM TO YOUR PREVIOUS DENTAL OFFICE

Please send all current x-rays for the following patients to:

Woodbury Dental Care  
3060 – B Woodbury Drive  
Woodbury, MN 55129

We accept Digital Radiographs to: [info@woodburydentalcare.com](mailto: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