

# WOODBURY DENTAL *Care*

MAIL OR FAX THIS FORM TO YOUR PREVIOUS DENTAL OFFICE

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

Woodbury Dental Care  
215 Radio Drive, Suite 201  
Woodbury, MN 55125

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