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TRANSFER OF RECORDS

DATE REQUESTED: _____

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE OF BIRTH: _____

TRANSFER TO: msdds393@bellsouth.net

THE FOLLOWING RECORDS FOR THE PATIENT LISTED ABOVE ARE THE MOST CURRENT RADIOGRAPHS / IMAGES THAT WE HAVE ON FILE.

LAST RE CARE APPOINTMENT: _____

_____ BWX / PA: _____

_____ PANX / FMX: _____

PLEASE FEEL FREE TO CONTACT US FOR ANY ADDITIONAL INFORMATION.