

S. Jason Ledford, DMD, PC

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Hiawassee, GA 30546

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REQUEST FOR RECORDS

To the Office Staff at the Dental Office of:

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Please transfer X-Rays and treatment notes to the office of Dr. Ledford at the address above or electronically to the email address above for the following patient (s):

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If your records go beyond the previous 12 months, please call us to discuss which records we will need before copying and sending everything you have on file. We may only need what is dated within the last 12 months.

Thank you. This request has been authorized by:

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Signature of patient

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Printed Name of Patient

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Date