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Authorization and Request for Previous Dental Records and Radiographs

Previous Dentist _____

Address _____

City, State, Zip _____

Please forward any previous x-rays and/or records as soon as possible to:

Prairie Dental Group
6608 Flying Cloud Drive
Eden Prairie, MN 55344
952-903-5000
952-944-0642 fax

Thank You.

Signature _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Other Family Member to transfer _____
