kneeland dental care

Request for Release of Records

Dentist: Please transfer the dental records and current x-rays for the following patient(s) to:
Kneeland Dental Care, LLC.

We request that records be sent prior to the upcoming appointment date listed below:

Patient Name(s): _____

Date of Birth: _____

Date of upcoming appointment: _____

Electronic records are preferred and can be sent via email to:
dmd@kneelanddentalcare.com

Printed records may be sent to:
Kneeland Dental Care
1628 Alameda Blvd. NW
Albuquerque, NM 87114

_____
Previous Dental Office

_____
Street Address

_____
City State Zip

_____ _____
Phone Number Fax Number

_____ _____
Signature of Patient or Legal Guardian Date