

Shamblott Family Dentistry
Scott E. Shamblott, DDS, FAGD, PA
33-10th Ave South, Suite 250
Hopkins, MN 55343
952-935-5599
Fax 952-935-7842
www.shamblottfamilydentistry.com

REQUEST FOR PATIENT RECORDS

Date _____

Dear Dr. _____,

Clinic Name: _____

Address: _____ (Street)

_____ (City, State, Zip)

Phone: _____ Fax: _____

Please send a **complete** copy of my dental records (**X-RAYS, CHART NOTES AND TREATMENT PLANS**) to Dr. Scott Shamblott at

Shamblott Family Dentistry
33 Tenth Avenue South, Suite 340
Hopkins, MN 55343

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Patient Name: _____ Date of Birth _____

Address: _____ (Street)

_____ (City, State, Zip)

Patient/Guardian Signature: _____ Date: _____