



Dimitri Dental
149 Smallwood Village Center • Waldorf, MD • 20602
301-843-1333 • 301-645-1110
dimitridental.com

REQUEST FOR COPIES OF DENTAL RECORDS

Date _____

Dentist Name _____

Address _____

Please send a copy of the most recent radiographs and records to our office.
Thank you in advance for your timely response to this request.

Patients Name _____ DOB _____

Address _____

Patient/Guardian Signature _____ Date _____

Sincerely,