

PLEASE MAIL THIS FORM TO YOUR PREVIOUS DENTIST

RECORDS REQUEST:

Dear Dr. _____,

Please forward dental records for the following persons:

to the following address: Karen C. Conlin, DDS
1202 Foulk Road
Wilmington, DE 19803
(302) 764-0930
Fax: (302) 764-2714

OR

E-mail to: kccdds@conlindental.com

If you have any questions, I can be reached at this phone number: _____

Thank you for your prompt cooperation.

Sincerely,
