



CORNERSTONE FAMILY DENTAL

Mark F. Saladin, D.M.D. Louis M. Drackert, D.D.S. Laurel Prichard, D.D.S. Jack G. Robbins, D.D.S.

Patient Transfer Request

Patient Name(s): _____

Please transfer my/our records/xrays

From: Cornerstone Family Dental
1604 Missouri Ave
Carthage, MO 64836
417-358-3361 Fax (417) 358-4222
laramie@cornerstonefamilydental.com

To: _____
Name of practice/doctor

Address, city, state, zip

Phone number

Fax

Email

I understand by transferring to another general dentist care, the doctors of Cornerstone Family Dental are no longer able to honor the guarantee of "repair it, recement it, or replace it" typically covered for one year following fillings and five years following crown, bridge, veneer, partial, and denture placement.

Patient/Guardian Signature

Date

1604 Missouri Ave
Carthage, Missouri 64836
417-358-7212 417-358-4222 (fax)
cornerstonefamilydental.com