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: _____
Name of practice/doctor

_____
Address, city, state, zip

_____ _____ _____
Phone number Fax Email

To: Cornerstone Family Dental
1604 Missouri Ave
Carthage, MO 64836
417-358-3361

_____ _____
Patient/Guardian Signature Date

Please email digital images to laramie@cornerstonefamilydental.com and include the date images were acquired. Please advise if this patient takes a preventive antibiotic before dental procedures. If so, please inform us of the condition that requires it and the antibiotic name and dosage information as well as the medical doctors who cares for the patient.