



# 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  
[miranda@cornerstonefamilydental.com](mailto:miranda@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](http://cornerstonefamilydental.com)