



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 miranda@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.

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