DATE ____________________________

I, ________________________________ request that ___________________________

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send a copy of my dental records and radiographs to the address below.

Nester & Mathias Dental Associates, P.C.
1851 Center Street
Camp Hill, PA 17011
FAX 717-761-5477
e-mail – Julie@NesterandMathias.com

Signature ____

Date ____

Please forward records for the following patients – ___________________________

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Dentist Name __________________________________

Address __________________________________

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