

Daniel J. Harmon, DDS  
444 North York Rd.  
Hatboro, PA 19040  
P: 215-675-0220

Date: \_\_\_\_\_

To: Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Dear Dr. \_\_\_\_\_.

Please transfer my dental records, including all radiographs and other diagnostic records to Dr. Harmon's office at the address indicated above on this letterhead.

Thank you,

Sincerely,

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Name

Names of minor dependents included in this request:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_