

**Complete Health**  
**DENTISTRY** of Brunswick

THE RIGHT WAY FOR THE RIGHT REASONS

VOCAL & TEAM  
[www.davidvocaldds.com](http://www.davidvocaldds.com)

**Dental Records Request Form**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Other Family Members to Transfer:**

\_\_\_\_\_

**Previous Dental Practice info:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please forward the following information to David Vocal DDS:**

X-rays

Probing depth chart

***I hereby give permission to release any and all of my dental records to Dr. Vocal.***

\_\_\_\_\_  
Patient Signature (parent/guardian if a minor)

\_\_\_\_\_  
Date

**Mail to:**

David Vocal DDS  
135 Maine Street, Suite #1  
Brunswick, ME 04011

**If sending digital records, please email to:**

[info@davidvocaldds.com](mailto:info@davidvocaldds.com)