

Record Request

Metro Dentalcare Osseo

40 Central Ave

Osseo, MN 55369

www.mdosseo.com

Phone: 763-425-3023

Fax: 763-425-8450

Email: MDCOsseo@mydentalmail.com

Please send Full Mouth X-Rays/ Panoramic X-rays within the last 5 years, Bite-Wing X-rays within the last 12 months, and Periodontal Charting or anything relevant to the patient's ongoing care, for the following patients:

Patient Name(s)	Date Of Birth
Signature:	Date:

Thank you!

