SCHNEIDER
DENTAL

Authorization and Request for Previous Dental Records and Radiographs

Previous Dentist: _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) _____- _____

Please forward any previous radiographs and/or records as soon as possible to:

Schneider Dental
K.C. Schneider D.D.S.
8928 E. 96th Street
Fishers, IN 46037

Phone: (317) 598-9380
Fax: (317) 813-1982

Thank You,

Signature: _____ Date: _____

Patient's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) - _____ - _____

Other Family Members to Transfer:

_____

_____