



Palmetto Smiles of Beaufort

WHOLE HEALTH DENTISTRY

Jennifer Wallace, DMD

40 Kemmerlin Lane

Beaufort, S.C. 29907

Office # (843)524-7645

Fax # (843)524-7649

Request for Dental Records

To: _____

Fax: _____

Email: _____

I, _____ DOB: _____

Request my complete dental records (including chart notes, x-rays, and perio charting) be transferred to Palmetto Smiles of Beaufort.

Due to insurance frequency limitations, some x-rays will not be covered again by my insurance, therefore, it is necessary that my x-rays be (e)mailed to as soon as possible for my continue dental care.

Signature: _____ Date: _____