

Harbor Lights Dental Care

575 Robbins Road

Grand Haven, MI 49417

P (616)842-2850 F (616)842-7205

office@harborlightsdental.com

**Patient Request**  
**Transfer of Dental Records**

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

Transfer records for the following patients:

Name:

Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer To: \_\_\_\_\_ Transfer From: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE E-MAIL X-RAYS TO:**  
**office@harborlightsdental.com**