



NEW PATIENT REQUEST FOR RECORDS

Date: _____

I, _____ (name of patient requesting records), request copies of my dental records be sent to:

Maedot Semo, DMD

Garnet Valley Dental

91 Wilmington- W. Chester Pike, Suite 24

Chadds Ford, PA 19317

Records can also be emailed to: garnetvalleydental@gmail.com

Please list names of minors whose records you would like to request.

Patient Signature

Date