SMILES by BERGEN DENTAL

RECORD REQUEST FORM

I, _____,wish to have my dental

records sent to Smiles by Bergen Dental.

My Date of Birth _____

My Phone Number _____

My email address _____

If x-rays are not available digitally or you are unable to email, please mail records to:

Smiles by Bergen Dental, Midland Park
339 Godwin Ave
Midland Park, NJ 07432

Phone number: 201 444 3049
Fax number: 201 444 3263
Email: info@smilesbybergendental.com

Smiles by Bergen Dental, Emerson
310 Main st
Emerson, NJ 07630

Phone Number: 201 261 3364
Fax number: 201 648 2033
email: edaemersonnj@gmail.com

Patient Signature_____ Date_____

Parent/Guardian _____ Date_____