

**DATE:** \_\_\_\_\_

**DR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**RE: DENTAL RECORDS FOR:** \_\_\_\_\_

**DEAR DOCTOR:** \_\_\_\_\_

**I AM REQUESTING MY DENTAL RECORDS BE SENT TO:**

**FRANTAL DENTAL CARE  
7601 PERSHING BLVD #1  
KENOSHA, WI 53142-4321  
[frands@wi.rr.com](mailto:frands@wi.rr.com)**

**I APPRECIATE YOUR PROMPT ATTENTION.**

**SINCERELY,**

\_\_\_\_\_  
**SIGNATURE**