



DENTAL RECORDS REQUEST

Dear Dr. _____

In compliance with the State of Pennsylvania Dental Board regulations, please copy my dental records and send them within fourteen (14) days to my new dentist:

Morris B. Rosen, D.M.D.
Gregory A. Kurman, D.M.D.
2137 Welsh Road, 3-C
Philadelphia PA 19115

Please include legible copies of the most recent panoramic radiograph, full mouth series, bite wing radiographs and all progress notes, chartings, treatment plans, medical and dental histories, and any other records that would be helpful for my continuing care.

Thank you for your prompt attention.

Sincerely,

Drs. Rosen & Kurman

2137 WELSH ROAD, 3-C
PHILADELPHIA, PA 19115
215.464.5600