DUNKIRK
DENTAL
16342 County Road 30
Maple Grove, MN 55311
763.420.9876

Radiograph Transfer Request Form

Send my current x-rays to the following office:

Name:
Address:
City, St. Zip:

Patient Name	Date of Birth (MM/DD/YYYY)

List any dates of upcoming scheduled appointments at clinic that need to be cancelled:

Are you planning to return to our clinic? ☐ Yes ☐ No

If no, what is the reason for leaving?

I authorize the transfer of my/ our family's x-rays to the requested clinic above.

Signature: _____ Date: _____