



REQUEST FOR DENTAL RECORDS

Please forward a copy of _____'s dental records as indicated below to:

Smile Shoppe
Dr. Amy R. Groeltz
210 South 5th Street
Burlington, IA 52601

Digital radiographs may be emailed to: smileshoppe@smileshoppe.com.

Please include:

- Complete chart and recorded history of treatment
- Any radiographs made in your office
- Other _____

Thank you very much for your help. Please feel free to call (319)752-1600 with any questions or concerns.

(Signature of patient or responsible party)