



Andrew R. Bruening DDS & Carissa J. Bruening DDS

Request for Records Transfer

Please release all Dental Records and/or x-rays on

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Please mail to:

Chesterfield Hilltown Dental
130 Hilltown Village Center
Chesterfield, MO 63017

Digital films can be e-mailed in Dexis or J-peg format to
admin@chdental.net

Sincerely,

Signature

Date