

**Medical Arts Dental**  
Dr. Julie Ann Nyland  
Dr. Jennifer Lynn Dechaine  
165 19<sup>th</sup> Street South – Suite 101  
Sartell, MN. 56377  
*Phone 320 253-9270*  
*Fax 320 255-5413*  
[www.medicalartsdental.com](http://www.medicalartsdental.com)

**REQUEST FOR PATIENT RECORDS & X-RAYS**

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_(Street)

\_\_\_\_\_ (City, State, Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send a copy of my X-Rays and Periodontal Probings to Medical Arts Dental at:

**Medical Arts Dental**  
165 19<sup>th</sup> Street South – Suite 101  
Sartell, MN. 56377

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_(Street)

\_\_\_\_\_ (City, State, Zip)

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_