

**Records Request Form**

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

At the request of the patient listed below please forward the most recent dental records to include the following:

- FMX within 5 yr. and BWX within 1 yr.
- History of SRP
- Periodontal charting within the last year.

Please forward electronic record to:

barkleyvillagefamilydentistry@gmail.com

Thank you for your assistance in this matter.

Dr. Kurt R. Swanson, D.D.S.  
Dr. Jessica F. Rogers, D.D.S.  
Barkley Village Family Dentistry  
Phone: 360-733-1334  
Fax: 360-734-8045

Name of patient: (please print) \_\_\_\_\_

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