

Kotula Dental, Inc.

3011 Kutztown Road
Reading, PA 19605
610-929-0070
610-939-1797 fax

I, _____, hereby request dental records/xrays of:

be transferred to:
Kotula Dental, Inc.
3011 Kutztown Road
Reading, PA 19605.

Patient or Guardian Signature

Patient or Guardian **PRINT NAME**