



Request for Transfer of Records

Please e-mail records and radiographs for the children listed below, to:

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Signature of parent/guardian

Relationship to patient

Date

Children's Dentistry of the Lakes Region

Dr. Matthew Smith • Dr. Melissa Kennell • Dr. Timothy Smith

**My Dentist
ROCKS!**

• **Three great locations!** •

GILFORD

Lakes Professional Center
369 Hounsell Avenue • Suite #1
Gilford, NH 03249
603-527-2500 • Fax 603-527-2501

PLYMOUTH

Boulder Point
94 Boulder Point • Suite #1
Plymouth, NH 03264
603-536-2500 • Fax 603-536-2506

LITTLETON

81 Bethlehem Rd. • Suite #1
Littleton, NH 03561
603-444-1500 • Fax 603-444-2506

info@childrensdentistnh.com • www.childrensdentistnh.com