



I, \_\_\_\_\_ DOB: \_\_\_\_\_ am requesting that my current dental records be sent to:

DR. PAUL BOETTNER  
BAY CREEK DENTAL  
1485 County Road 101 N  
Plymouth, MN 55447  
(763)476-6774  
(763)476-2147-fax  
info@baycreekdental.com

Signature \_\_\_\_\_

Please also forward any current dental records for the following family members:

\_\_\_\_\_

Previous Dentist Information:

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

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

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

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