

Request for the Transfer of Dental Records and X-rays

Please transfer my dental records and x-rays to the following dental office:

The Dental Office of Dr. Jack B. Share

Jack B. Share, DDS, PC
31 State Street
The Seventh Floor
Boston, MA 02109

Phone: 617/742-1350
Fax: 617/742-2044
ShareThatSmile.com
docjackshare@aol.com

Thank you in advance for your cooperation in this matter.

Patient's or Guardian's Signature: _____
Printed Name: _____
Relationship to patient: _____
Date: _____