



Richard D. Walter, D.M.D., P.A.
Complete Family & Cosmetic Dentistry

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Request for Dental Records

I, _____ would like my dental records, including x-rays, transferred to Richard D. Walter, D.M.D.

Patient Name (please print)

Date of Birth

Patient/Parent/Guardian Signature

Date

Ocala Office, 3035 SE Maricamp Rd, Suite #105, Ocala, FL 34471 * (352) 867-0446
The Villages Office, 1501 North US Hwy 441, Suite #1302, The Villages, FL 32159 * (352) 775-4585

