



SUTTON DENTISTRY
A BEAUTIFUL SMILE IS OUR SIGNATURE

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TO:

FROM: _____ DOB: _____
Patient Name

I request you send the a copy of my dental records, including every chart notation by any person who treated me, any lab cases, and any x-rays, to me in care of my dentist office, Sutton Dentistry. So that a record of charts can be kept, please send these records to:

Sutton Dentistry
2825 SE 17th Street
Ocala, Florida 34471

Email: xrays@suttontdentistry.com
jpeg or Dexis format if available

Thank you for your cooperation,

Patient Signature

Date