

Request to Have Dental Records Transferred

I _____, request to have the following dental records transferred to Dr. Ryan W. Comeaux, DDS at:

**Comeaux Family Dentistry
8008 Ashlane Way, Suite 150
The Woodlands, TX 77382**

- FMX and current bitewing x-rays
- Periodontal charting
- Hard tissue charting
- Current treatment plan

Thank you,

Printed Name

Signature