



HARMONY
DENTAL

5153 W 98th Street, Bloomington, MN 55437
Phone: 952-856-3833 Fax: 952-835-1391
info@inharmonydentalcare.com

TO: _____

Fax or email address: _____

FILM REQUEST FORM:

Patient Signature: _____ Date: _____

Please send my/ our current films to:

info@inharmonydentalcare.com or

mail to: 5153 W 98th Street, Bloomington, MN 55437

Please print the name(s) of all patients requesting records:

NAME

DATE OF BIRTH

Please return this form to the address listed above. Thank you.