Dental Records Request Form

Date_____

To _____

From _____

Please send a copy of my dental records and any x-rays from the past five years to:

Dr. Ruchi Grover
61 Old State Road
South Deerfield, MA 01373

Email address: contact@deerfieldgentledentistry.com

Phone: 413.665.3460

Fax: 413.665.2620

I would appreciate it if you could send copies at your earliest convenience.

Thank you very much for your assistance.