

Daniel R. Turnbull, DDS  
1148 Executive Circle, Suite 1  
Cary, NC 27511  
(919) 467-5754  
drdanieltturnbull@gmail.com

Request for Records Transfer

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

I authorize the office of \_\_\_\_\_ to  
transfer my dental records and xrays to the office of Dr. Daniel R. Turnbull, DDS

[drdanieltturnbull@gmail.com](mailto:drdanieltturnbull@gmail.com)

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_