

Radiograph Request Form

I approve the request for current radiographs to be sent to my periodontist, Dr. Ivan Streif.

Please e-mail to info@ipsperio.com or mail my/our current Radiographs to:

Professional Periodontics and Dental Implants
13998 Maple Knoll Way, Suite 101
Maple Grove, MN 55369
(763) 420-3537

Print name for all patients whose records need to be transferred

Corresponding Date of birth

Patient Signature: _____

Date: _____

Please contact this office with any questions regarding this request.

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