



Children's Dental Center
of New Hampshire

James C. McAveaney, D.M.D.
Andrew T. Cheifetz D.M.D., M.Ed.
7 Route 101A, Amherst, NH 03031
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hello@childrensdentalnh.com

Request for Transfer of Records

_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth

Please transfer records *and* radiographs for the above listed children to:

Children's Dental Center of New Hampshire
James C. McAveaney, D.M.D.
Andrew T. Cheifetz, D.M.D., M.Ed.
7 Route 101A
Colonial Park, Suite D
Amherst, NH 03031
(603) 673-1000 (v)
(603) 673-2422 (f)
hello@childrensdentalnh.com

Thank you in advance for your cooperation in this matter!

Signature of parent / guardian

Relationship to patient

Date