



**TOWN SQUARE
DENTAL CARE**

107 High Ave. East
Oskaloosa, IA 52577
(P) 641.673.3008
(F) 641.672.8807
tsdcrecords@gmail.com

Eric De Boef, D.D.S
Kara Weishaar, D.D.S
Bryn Boswell, D.D.S.

I, _____, request that my dental records and (if applicable) the dental records of my family members be transferred to:

Town Square Dental Care
107 High Ave. East
Oskaloosa, IA 52577

From:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Print names of patients to transfer:

Date of Birth:

Print: _____

Signed: _____

Date: _____