

**Corporate Center Dental Care  
860 Corporate Dr., Suite 202  
Lexington, KY 40503  
859-223-4644, Fax 859-224-8466**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please forward all of my current xrays and other dental records to:

Corporate Center Dental Care  
860 Corporate Dr. Suite #202  
Lexington, KY 40503

or email to: [mandy@lexingtondental.com](mailto:mandy@lexingtondental.com)

Thank You,

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_