



Records Request

Gregory P. Bialek, DDS, PA

360 Exchange Street NW

Suite 101

Concord, NC 28027

(704) 788 1717

(704) 788 1752 - fax

Requested Date: _____

To: _____

From: _____

Please forward the following dental records to Dr. Gregory Bialek, DDS, PA including all x-rays and dental history.

Patient Name _____ Birthdate _____ Signature _____

Patient Name _____ Birthdate _____ Signature _____

Patient Name _____ Birthdate _____ Signature _____

Patient Name _____ Birthdate _____ Signature _____

Patient Name _____ Birthdate _____ Signature _____

Records can be e-mailed to suzi@drgregdds.com

Thank You