



Jakubas Dental Clinic
4721 Hiawatha Avenue South
Minneapolis MN 55406
(612) 721-3012

Request for Dental Records/X-Rays

Patient Name _____

Parents' Name (if minor) _____

Patient Address _____

Telephone Number _____ Birth date _____

Patient's Signature _____ Date _____

Signature of Responsible Adult (if minor) _____

Please forward any updated records or x-rays to:

Joan Jakubas, DDS
4721 Hiawatha Avenue South
Minneapolis, MN 55406
(612) 721-3012

If you need additional information please contact the patient listed above.

Thank you.