

**J. MARK PRYBYL D.D.S.**

*Comprehensive Family Dentistry*

**Request for Transfer of Records**

I have begun receiving my dental care from Dr. J. Mark Prybyl, DDS. I would appreciate it if you would transfer my records to his office as soon as possible. Please include all x-rays, **regardless of age**. Also any pertinent summary of treatment you have provided (complicated treatments, implant type and date of placement, crown or bridge dates of placement, for example) would be appreciated.

Records should be transferred for all names listed below. They can be mailed to:

**J. Mark Prybyl, DDS  
11676 Perry Highway, Suite 1202  
Wexford, PA 15090**

Thank you,

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Transfer records for: \_\_\_\_\_

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