

# Thomas Quickstad DDS Dentistry for All Ages

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## Transfer Of Records

Transfer Of Records

I, \_\_\_\_\_, hereby authorize the office of

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone)

to transfer dental records, including x-rays, written chart notes, periodontal charting, referral forms, and any other related forms or paperwork for the following family members:

Name Birthdate

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

Please send to:  
Thomas Quickstad, DDS  
3707 Providence Point Drive SE Ste E  
Issaquah, Wa 98029  
425-391-1331

These records can be in paper form, duplicates or emailed to Dr Quickstad to expedite their arrival.

\_\_\_\_\_  
Printed name of authorized family member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Phone: 425-391-1331 | Fax: 425-391-5021 | [Send us a message](#) | [Directions](#)

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## Hours and Directions

Mon 7:00 AM 4:00 PM  
Tue 8:00 AM 6:00 PM  
Wed 7:00 AM 5:00 PM  
Thr 7:00 AM 1:00 PM  
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