



8856 Youree Drive
Shreveport, LA 71115
Phone: 318-797-1411
Fax: 318-798-5841
RobinsonDental@bellsouth.net

Date _____

Dentist Name _____

Address _____

Please send a copy of the most recent radiographs and records to our office.
Thank you in advance for your timely response to this letter.

Patients Name _____ DOB _____

Address _____

Patient/Guardian Signature _____ Date _____

Sincerely,

Larry K. Robinson DMD