Maine Periodontics

Arthur H. Gager, D.D.S.

Record Request Form

First Name _____

Last Name _____

Date of Birth _____

Your Address _____

_____

_____

Information Requested

_____ chart notes ($35) _____ X-rays ($45)

Please enclose this request along with payment and mail to:

Maine Periodontics
P.O. Box 1041
Windham, ME 04062

Please note we are only mandated to retain records less than seven years old.