Pediatric Dentistry
of East Lansing

Jacob Myers DDS, FAAPD
Jennifer Cleary DDS, MS

3511 Coolidge Road | East Lansing, MI 48823 | 517-337-0032
Fax: 517-337-8983 | Email: office@yourchildsdds.com | www.yourchildsdds.com

Date of Request: _____

Patient Name:_____ Patient Date of Birth:_____

Name of Person requesting transfer: _____Relationship to Patient:_____

Submit Records to: _____

Please transfer records to the dental office listed above**. I understand the transfer will be completed once all payments (insurance or personal) for completed procedures have been received.**

Signature: _____ Date:_____