Curtis A. Brookover, D.D.S.
3491 Trinity Drive, Suite A
Los Alamos, NM 87544
Phone (505)662-4503
Fax (505)662-4117
Los Alamos Office ☐

Curtis A. Brookover, D.D.S.
11 Calle Medico Suite 1
Santa Fe, NM 87505
Phone (505)982-6426
Fax (505)930-5854
Santa Fe Office ☐

Request for Records

I am requesting a copy of all dental records including X-rays, for myself and /or a member of my family to be mailed to the above checked office. (Please check Los Alamos of Santa Fe at the top of the page)

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Please send digital x-rays to: ***backoffice@alpinelaserdental.com***

Previous Dentist(s) Information:

Office Name: _____ Dentist Name: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

(Additional Dentist if you have been to more than one dentist in the last two years)

Office Name: _____ Dentist Name: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

I _____, acknowledge that I have the authorization to make such a request for myself or any of the above named patients to whom I am a legal guardian.

Signature: _____ Date: _____