



Dr. Randy K. Taylor, DMD
Dr. Richard L. Vonnahme, DMD
Dr. Anna Jayjock, DMD

700 Whitnell Avenue • Murray, Kentucky 42071
(270) 753-9201 • www.murraydentist.com

Patient Records Request Form

Patient Name: _____

Address: _____

Date of Birth: _____

I hereby request a copy of my dental record as detailed below:

- Full dental record held by this office
- Dental record for the period _____ through _____
- A specific portion/section of the record as follows:

Records should be requested/sent to: _____

Signature: _____

Relationship to Patient: _____

Date: _____