ROBERT P. PADOUSIS, D.D.S.
CONSTANTINE J. KAMINARIS, D.D.S.
PROFESSIONAL ASSOCIATION
6304 KENWOOD AVENUE, SUITE 5 • BALTIMORE, MARYLAND 21237 • TELEPHONE 866-6660

Date:__________________________

To Whom It May Concern:

I request that my records and x-rays be transferred to:

Doctors Name: Padousis & Kaminaris, D.D.S., P.A.

Address: 6304 Kenwood Ave., Suite 5 Baltimore, MD 21237

City and State:__________________________

Zip Code:______________

Phone: 410-866-6660

Thank you.

Patient Name:__________________________

Address:__________________________

City and State:__________________________

Zip Code:______________

Phone:______________

Signature of Patient or Guardian:__________________________