



The following patient(s) would like their dental records sent to our office: _____

We would appreciate this be taken care of expeditiously.
Records may be mailed to the address listed below or
emailed to: MidtownDentalofWW@gmail.com

Thank You!!

Dr. Garrett D. Olive
& Midtown Dental Staff

Patient Signature: _____

Dr. Garrett D. Olive
1120 18th St. Woodward, OK 73801
Phone: (580) 256-6054 Fax: (580) 256-6057