



**115 S. School St.**

**Bellefonte, PA 16823**

**(814) 355-1587 (Phone Number)**

**(814) 355-2179 (Fax Number)**

**Date:** \_\_\_\_\_

Please forward any current x-rays and important information concerning patient, \_\_\_\_\_

\_\_\_\_\_ to Bellefonte Family Dentistry. Our office email is  
smile@bellefontefamilydentistry.com.

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_