CDC
complete tandzorg

Please sent dental information to

Name	
Address	
PC / City	
E-mail	
Relation to patient	
Reason request	

Information patient

Name patient	
Birthday	
Address	
PC / City	
E-mail	
ID card nr.: **Send copy of ID**	
Did you made appointments at our clinic in the future	☐ Yes ☐ No
If yes: Do you want to cancel?	☐ Yes ☐ No
Signature	
Which data do you wish to receive from your file (please tick the appropriate box)	☐ Complete dental file ☐ Only my implant information

You can send the completed application form together with a copy of your ID to:
CDC Complete Tandzorg | De Rijn 1 | 5684 PJ Best – or mail to: info@cdctandzorg.nl

We aim to send the file as soon as possible.