



DENTAL RECORDS TRANSFER REQUEST

I hereby request the release of my dental records and current x-rays to the following Dental Practice:

Pt. _____ DOB _____

Pt. _____ DOB _____

Pt. _____ DOB _____

Pt. _____ DOB _____

Patient or Guardian Signature

Date

Please note we allow ourselves up to 14 business days to process and send any dental records. Thank you!