

PATIENT AUTHORIZATION FOR RELEASE OF RECORDS

*In order to provide a complete examination at your appointment, we will need current X-rays. Bitewing X-rays taken in the last 12 months and/or Full Mouth X-rays or a Panorex taken in the last 3 years are usually considered current. **If you do not have any current X-rays available you should expect to have new Xray's taken at your appointment.***

To transfer your X-rays to OUR OFFICE:

NAME/ADDRESS/PHONE NUMBER/EMAIL of your **current or last** Dental Office:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF LAST HYGIENE VISIT: _____
DATE OF LAST BITEWING XRAY: _____
DATE OF LAST FULL MOUTH XRAY: _____
DATE OF LAST PANOREX XRAY: _____

To transfer your X-rays to ANOTHER DENTAL OFFICE:

Where are we sending your records? NAME/ADDRESS/PHONE/EMAIL of your **new** office:

I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING PERSON(S) DENTAL RECORDS:

Patient Name: _____ DOB: _____ Phone: _____

Children's Name(s) : _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

****Patient Signature:** _____ **Date:** _____

For children over 18, Spouses etc. we will need THEIR signature(s).

Name _____ DOB _____ Signature: _____

Name _____ DOB _____ Signature: _____

Name _____ DOB _____ Signature: _____