

AUTHORIZATION FOR RELEASE OF DENTAL RECORDS:

Attention:

We have recently welcomed patient _____
to our practice. We kindly request the following below be transferred to our
practice so we may continue the excellent dental care they were given at your
practice.

Thank you in advance for your cooperation.

Please include:

- All radiographs from the previous 2 years
- Date of last New Patient Exam charged _____
- Date of last Recall Exam, Polish and Fluoride _____
- Date of last Bitewing radiographs _____
- Date of last Panorex or Full Mouth Series _____
- Any other pertinent information that will help in maintaining the patient's
dental health.

Date: _____ Patient/Guardian's Signature: _____