



TRANSFER OF RECORDS RELEASE

TO: _____

PHONE: _____ FAX: _____

Regarding Patient(s): _____

The patient and I would like to take this opportunity to thank you for the care you have provided them in the past. To ensure continuity of care, we would appreciate if you would forward any relevant x-rays and treatment records to our office as soon as possible. We are interested in any bitewing x-rays taken over the last year, and any Periapicals or panoramic x-rays from the last 5 years. Also, any information from the chart which may be of relevance to this patient's continuing care would be appreciated.

Last new patient exam _____

Last recall appointment _____

Last emergency exam _____

Last Full mouth series of x-rays/Pan: _____

Last bitewing x-rays _____

Last periapicals _____

The patient is scheduled to see us for an appointment on: _____

It would be beneficial if we could receive these records in time for this appointment. If digital our email is patient@horseshoevalleydentist.com. I _____ authorize the release of my records, and those of my family, as requested above. Please send the requested records to Dr. Susy Lee at the above address as soon as possible.

Parent/Patient Signature: _____

Date: _____

Thank you in advance for your co-operation.

Sincerely,

Dr. Susy Lee DDS