

REQUEST FOR TRANSFER OF RECORDS

- 1) Fill out names for whom records are requested
- 2) Responsible Person Signs
- 3) Fill out name of previous dentist
- 4) Click the "Print Form" button

Date 2020-08-13 13:29:02

4

Print Form

1

Patient or
Parent Name

2

Signature:

Child Name

Child Name

Child Name

3

Previous Dentist Information

Name

Address/City

Phone Number

I hereby request that you release a copy of my dental records, which includes chart notes and radiographs to:

If possible, email records to office@smilingpatient.com

Smiling Patient Dental Care
Bianca Malin, D.D.S.
322 N. Wolf Road
Mt. Prospect, IL 60056
847-824-5151 847-824-8981 fax

Your immediate attention to this matter is appreciated.

4

Print Form