



## REQUEST FOR TRANSFER OF DENTAL RECORDS

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regarding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ hereby request and authorize the transfer of my dental records to: Dr Mark A Richardson Dental. Please send an email [drmarkrichardson@hotmail.com](mailto:drmarkrichardson@hotmail.com) of all treatment records and all radiographs, including panorex films, from the past two years.

Please indicate the following for each person listed above: Date of last new patient

Date of last new patient exam \_\_\_\_\_

Date of last recall \_\_\_\_\_

Date of last bitewings \_\_\_\_\_

Date of last panorex \_\_\_\_\_

Date of last perio appointment (if applicable) \_\_\_\_\_

Thank you

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(please print)

Signature of Patient (Guardian): \_\_\_\_\_