



DENTAL RECORDS RELEASE – PERMANENT PHYSICAL TRANSFER

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

AUTHORIZES:

TO TRANSFER TO: ☐ Self ☐ Dental Provider ☐ Other _____

VIA: ☐ pick up by self ☐ pick up by designated legal representative (*please fill in below, PHOTO ID REQUIRED*)

Designated Representative: _____ Phone # _____

Date of Birth: _____ Government Issued ID # and Type _____

Only the physical file from the past six (6) years will be disclosed unless more is available.

WARNING: THIS IS A COMPLETE AND TOTAL TRANSFER OF YOUR RECORDS WITH US. ONCE THE TRANSFER IS COMPLETE, WE WOULD NO LONGER BE LIABLE OR HAVE THE ABILITY TO RETRIEVE RECORDS. Any remnants of your record will be wiped from our office both physically and digitally. By signing this form, you release our dental office from the responsibility to keep the records you or your representative was given. Digital billings records will not be transferred as part of this release. Please contact your insurance provider if you wish to have this information. If you do not have insurance and wish to have the ledger of your payments also released, please inform the office staff. Please note that once you sign this document and receive your records, we will not be able to reference these records in the future. Therefore, if you seek our services again, we must re-establish you as a new patient and begin the process of obtaining new records. A new release form in the future would be required for newly accrued records.

EXPIRATION: This Authorization is good for one year. Once the records are released, this agreement expires.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE:

DATE: _____

If signed by a person other than the patient, complete the following: Individual is: ☐ parent* legal guardian
☐ legally incompetent ☐ incapacitated deceased ☐ next of kin / executor of deceased

Pick up date: _____ **Time:** _____

By signing, I understand that the information released per this authorization, if re-disclosed by the recipient, is no longer protected by our dental office. I also understand that this is complete release of records and therefore it will no longer be in our dental office's possession. We will no longer be legally liable to carry these records.