


# HUMBERLAND DENTAL

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 [reception@humberlanddental.com](mailto:reception@humberlanddental.com)

## **AUTHORIZATION FOR RELEASE OF DENTAL RECORDS**

### ***PATIENT TO COMPLETE***

Patient Name: \_\_\_\_\_

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

Previous Dental Office: \_\_\_\_\_

Dental Office Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I have given consent for the disclosure of this information and I request that my records be released.

\_\_\_\_\_  
*Signature of Patient or Guardian*

I would like to thank you for the dental care you have provided and ask that in order to preserve the continuity of care, we ask that you kindly forward any clinical records and all current radiographs to Humberland Dental.

### ***DENTAL OFFICE TO COMPLETE***

In order to ensure best optimal care, please also provide dates for the following information:

Date of last **Complete Oral Examination** \_\_\_\_\_

Date of last **Recall Examination** \_\_\_\_\_

Date of last **Panoramic Radiograph** \_\_\_\_\_

Date of last **Bitewings** \_\_\_\_\_

All current radiographs can be emailed to [reception@humberlanddental.com](mailto:reception@humberlanddental.com)

We thank you for your timely response.