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Release of Dental Patient Records Request Form

(Patient to Complete the following Section and return to Caradoc Dentistry):

Previous Dental Office/ Dentist:_____ Phone:_____

Patient Name: _____ Date of Birth:_____

Please also release dental records for the following Family Members (include Full Name and Date of Birth):

_____

I authorize you to release the following information and records to Caradoc Dentistry.
Signature_____ Date: _____

(Previous Office to Complete the following Section):

To continue the care you have provided this patient (family) in the past, would you kindly forward the following information.

1. Recent Bitewing, Panoramic, or Periapical radiograph(s) (Please provide copies or original radiographs taken within the last 5 years).

_____

2. Date of last initial examination/& complete oral exam (01103, 01102, 01101).

_____

3. Date of last Recall Exam/ & Recall interval. _____

4. Date of last scaling & polishing or periodontal therapy. _____

5. Any outstanding treatment Patient _____

Thank you!