

RECORD RELEASE FORM

I, _____ request the release of dental records relevant to dental treatment, or copies of such, and request that they be transferred to

Affordable Dental Care, LLC
3993 Lawrenceville Hwy, #100
Lilburn, GA 30047
Ph: 770 279 2020, Fax 770 279 1222
frontdesk@theaffordabledental.com

Name of Patient: _____ Date of Birth: _____

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Records being requested:

ALL DENTAL RECORDS

Current radiographs Dental Health Status Reports

Diagnostic Casts Treatment Record Charts

Health History Prescription Records Photos

Other:

Signature of Parent/Guardian: _____ Date: _____