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PERMISSION FORM: PATIENT RECORD OR CHART 'PICK-UP' DIRECTLY FROM OFFICE

DATE: _____

FOR:

PATIENT NAME

BIRTH DATE

PATIENT NAME

BIRTH DATE

PATIENT NAME

BIRTH DATE

PATIENT NAME

BIRTH DATE

These Chart(s) Are Taken FROM:
(Dental Office Name, Address, & Phone)

These Chart(s) Will Be Transferred TO:
(Dental Office Name, Address, & Phone)

Permission to release Patient Chart Records, X-rays, and other pertinent chart information:

By signing this form, I give my permission for the Office of _____
DENTAL OFFICE HOLDING RECORDS

to transfer original or duplicate Patient Chart Records, X-rays, and other pertinent chart information of the patients so designated above, by me, to the specified Dental Office.

PATIENT / GUARDIAN / AUTHORIZED PERSON'S SIGNATURE

DATE