PDA DENTAL GROUP
PEDIATRIC | ORTHODONTIC | ADULT

955 Main Street, Suite 101 | Winchester, MA 01890 | 781-729-1900
54 Haven Street | Reading, MA 01867 | 781-944-7799
www.pdadentalgroup.com

Release of Records

Please transfer copies of dental treatment records, including diagnostic x-rays and any other materials, notes of copies of medications prescribed. I understand that original records and x-rays are the property of PDA Dental Group. I agree to accept copies and to pay reasonable fees for such copies as deemed necessary by the office.

Date of Request: ______________________________ Date Required: ______________________________

Name of Patient: ______________________________ DOB: ____________________

Name of Patient: ______________________________ DOB: ____________________

Name of Patient: ______________________________ DOB: ____________________

Name of Patient: ______________________________ DOB: ____________________

Release to Mr/Mrs: ______________________________

Address: ______________________________ City: ____________________

State: __________ Zip Code: ____________ Phone: ______________________________

Email: ______________________________(all emails are sent securely)

OR

Release to Dr. ______________________________

Address: ______________________________ City: ____________________

State: __________ Zip Code: ____________ Phone: ______________________________

Email: ______________________________(all emails are sent securely)

Patient / Patient / Guardian Signature: ______________________________ Date: ____________________
(Patients who are 18 years of age or older must sign the request)

Reason for Transfer: ______________________________