



Uptown Dental Clinic

Drs. Mathias & Olson

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DENTAL RECORDS RELEASE FORM

Use this to have us release your records to a new dentist

PATIENT

Patient Name to Transfer

Date of Birth

Phone Number

Other Family Members to Transfer:

RELEASE TO

You have my permission to release my dental records to the following persons:

New Dentist or Practice Name

Address

City

State

Zip

Phone Number

Fax Number

Email Address

RECORDS RELEASED

Records released include: (check all that apply)

☐ X-rays

☐ Copy of Perio Chart

☐ Copy of Chart Notes

Other

SIGNATURE

Patient or Responsible Party — Type your full name

Date

Print the finished document and sign below