Helen H. Im, D.D.S.
The Art of Exceptional Dentistry

RELEASE OF DENTAL RECORDS

Patient name to transfer:_____

Date of Birth:_____

Other Family Members to transfer:_____

_____

Please release dental records and X-rays for the patient(s) listed above to the office of:

Helen Im, D.D.S.
28780 Single Oak Drive, Suite 150
Temecula, Ca. 92590
Phone (951) 695-0010
Fax (951) 695-0024
Email: drimdds@gmail.com

I, _____, authorize and request the release of my dental records and X-rays and any other necessary information to Dr. Im's office.

Patient Signature_____ **Date:**_____

I hereby give Dr. Helen Im's office permission to release all dental records, including X-rays, charting and photographs to the dental/medical provider listed below:

Office:_____

Address:_____

Email:_____ Fax:_____

Patient Signature_____ Date:_____