

Request for Outgoing Records Release

Patient Name: _____ DOB: _____

Type of Records Requested:

- X-rays
- **Other: _____

Reason for Request:

- Going to Specialist/Coordination of Care
- Changing Dentist
- Other/Reason (Optional): _____

Records Release Method:

- Patient Pick-Up in Office
- Mail to Patient (Address): _____
- Mail to Provider (Address): _____
- *E-mail (Address): _____
- Other: _____

Signature: _____ Date: _____

(If not the patient): Name: _____ Relationship: _____

*E-mails are not encrypted; information could be viewable by a third party. This method of transmission is not available for full legal copies, as these may contain sensitive personal and financial information.

**If full legal chart is requested, the estimated fee for this is \$75, but may vary depending on the amount of time to duplicate-the cost will be provided prior to beginning this process, and is payable by cash or credit prior to beginning documentation.