

TRANSFER OF RECORDS

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AUTHORIZATION TO TRANSFER RECORDS

Since a patient's dental records are confidential, your written authorization will make them available to another dentist or party you designate.

Today's Date: _____

Patient's name: _____

Address: _____

Dentist you wish records to be sent to: _____

Address: _____

I, _____ authorize Drs. Pradko, Gallagher and Slanec to transfer and/or copy dental records on the following persons:

1. _____

2. _____

3. _____

4. _____

5. _____

Signed: _____