



## REQUEST TO TRANSFER DENTAL RECORDS

I \_\_\_\_\_ hereby authorize King Tooth to release and/or transfer the following records:

- Radiographs (PA/BW/FMX/Panoramic)
- Dental Material Biocompatibility Testing
- Chart Notes
- Treatment Records

I request the records to be transferred to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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