

JEFFREY W. CROSS, D.D.S., P.A.

SOLAREX COURT, SUITE 200

FREDERICK, MD 21703

(301)662-0300

TO: \_\_\_\_\_

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

RECORD TRANSFER FOR PATIENT: \_\_\_\_\_

DOB: \_\_\_\_\_

I, \_\_\_\_\_, give you permission to release my dental records and the below information to Jeffrey W. Cross, D.D.S. The records may be sent via e-mail to [dr.cross@verizon.net](mailto:dr.cross@verizon.net) or by mail to 604 Solarex Ct, Suite 200, Frederick, MD 21703.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

TO BE COMPLETED BY THE DENTAL OFFICE:

Attached:

\_\_\_\_\_ Last FMX or Panorex

\_\_\_\_\_ Last BWX

\_\_\_\_\_ Other

Last Recall Visit \_\_\_\_\_

Last Fluoride \_\_\_\_\_

Previous recall visit \_\_\_\_\_

Behavior \_\_\_\_\_

Has had:

Local Anesthetic \_\_\_\_\_

Periodontal therapy \_\_\_\_\_

Trauma \_\_\_\_\_

Orthodontic therapy \_\_\_\_\_

Special considerations \_\_\_\_\_

Comments \_\_\_\_\_