

Consent to Transfer Dental Record

Dear Patient,

In order for our office to provide you with the best dental service available without any interruptions, we would like to obtain a copy of your most recent dental record from your previous dental office. However, the law does not allow our office to acquire your record without your consent since the record is confidential. If you would like us to obtain such a copy on your behalf, please fill out the following form and return it to our staff promptly.

Please be advised that a fee may be charged by your previous office for such a service and it will be your responsibility to pay that fee if incurred. The fee is generally between \$10-25 depending on the size of the record and whether x-rays or photos are requested. Furthermore, your previous office may deny our request and may require you contacting them in person in order for them to comply with our request.

Irvine Dental Group
18 Endeavor
Suite 308
Irvine, CA 92618-

info@irvinedentalgroup.net
www.irvinedentalgroup.com

Patient Name: _____
Address: _____

Phone: _____
ID #: _____
Date of Birth: _____

Name of Dentist or practice: _____
Address: _____

Phone: () _____
Fax: () _____

Date of Last Visit: _____

Record Requested:
 X-Rays
 Photos
 Perio Charting
 Therapeutic Documentation

To Whom It May Concern:

I, the above mentioned, have given Irvine Dental Group the consent to obtain my dental record on my behalf. Please forward my record as requested to the above address. Your prompt attention is appreciated.

Patient Signature: _____ Date: _____