

REQUEST FOR RECORDS



I, _____, hereby authorize the release of my dental records, and those of my family members listed below:

I am requesting these records due to _____

(Dr. Dickerhoff would like to know the reason you are requesting your records. Are you moving or changing dentists? Please let us know.) I understand that due to the amount of information that Dr. Dickerhoff prepares for each patient transfer, I must allow at least 5 business days for completion. When the records are ready, please

(Do you want us to call you, mail them, etc.?)

_____ (Signature) _____ (Date)

(SLDG Employee taking the request _____)