



Date: _____

Record Release Form

Patient Name, Last: _____ First: _____ MI: _____ DOB: _____

Phone number for contact: _____ Parent / Patient Email: _____

Reason for Record Release: (please circle)

Specialist

Copies for my own records

2nd Opinion

Transferring Practices

Questions or comments: _____

*PLEASE NOTE: Emailed and paper print-outs of x-rays are not always diagnostic.
If your child is going for a 2nd opinion or has untreated cavities, please choose a physical copy option.*

Requests for Email Transfer of X-Rays: (No Charge)

____ Email treatment plan and most recent x-rays (we will contact you if a physical copy is needed)

____ Email most recent Panoramic film

Email address for records to be sent to: _____ (verify receipt)

Physical Copy Requests: 2nd Opinions or Patient Transfers with Treatment Pending

____ Treatment plan, summary and diagnostic printed copy of recent x-rays (fees may apply)*

____ Full copy of record and all x-rays (up to \$20.00)*

Other: (please specify:) _____

Specify Mode of Delivery: ____ Pickup In Office (no additional fee)

____ Certified Mail (fees apply based on actual cost to send)*
Please contact us if neither of these options are feasible.

Address to Send Records to: _____

Cancel future appointments? Yes / No / Undecided

Authorization: I, _____, (print name of parent/legal guardian or patient over 18 years old), authorize Duxbury Children's Dentistry to release a copy of my/my child's dental records and/or x-rays to the person or office listed. I also understand that email transmission of dental records is not always reliable and may be subject to delivery failure. X-rays are sent encrypted to help ensure safety but may contain personal, medical or dental information necessary for treatment. **Please allow up to 30 days for processing.** I agree to contact the office if transmission is not complete. View our HIPAA policy at www.duxburychildrensdentistry.com

Parent/Patient Signature: _____ **Date:** _____

Office Use Only: Date of Completion: _____ **Notes:** _____

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F. 781-934-7125

Info@DuxburyChildrensDentistry.com

**If you are experiencing financial hardship, please contact our office to discuss the fees.*