Duxbury Children's Dentistry

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 **($10.00).**

___Full copy of record and all x-rays **($20.00)**

Other: (please specify:)_____

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

____**Certified Mail** (**$25.00 fee per family**)

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:**_____

95 Tremont Street - Ste 18, Duxbury, MA 02332 T. 781-934-7111 • F. 781-934-7125
Info@DuxburyChildrensDentistry.com