PATIENT RECORDS RELEASE AUTHORIZATION FORM

The following patient has requested that all Dental Records be transferred to the Dental Wellness Center including the following:

- **All Current Radiographs taken over the previous Three Years**
- **Treatment Records & Progress Notes**

Please contact our office if you are unable to locate and transfer patient records within 24 hours. In addition, please cancel all future scheduled appointments for all individuals listed below and do not contact for any future dental treatment. Thank you for your help with this.

If you have any questions or concerns, please do not hesitate to contact us. Thank you.

Date Requested: _____

Previous Dental Office: _____

Previous Office Phone #/ Fax#: _____

Requesting Patient Name: _____

Requesting Patient Birthday: _____

Additional Family Member Names/Bday: _____

_____

_____

_____

Requesting Patient's Signature:_____Date:_____

PLEASE FORWARD REQUESTED RECORDS TO THE DWC PRACTICE CIRCLED BELOW. THANK YOU!

www.DentalWellnessCenterGA.com

DWC of JESUP
135 Peachtree Street
Jesup, GA 31545
912.427.2660 -Office
912.427.8158 -Fax
dwcj@live.com

DWC of RICHMOND HILL
10104 Ford Avenue; Suite G
Richmond Hill, GA 31324
912.445.5337 -Office
888.289.4301 -Fax
dwcrh@live.com

DWC of SAVANNAH
14045 Abercorn Street, Suite 2403
Savannah, GA 31419
912.920.5577- Office
912.226.3489 -Fax
dwcsav@live.com

DWC on PAULSEN
5209 Paulsen Street
Savannah, GA 31405
912.355.1512- Office
912.355.1218- Fax
dwcpaulsen@outlook.com

**RH -10/01/2017*bnT*