REQUEST FOR RELEASE OF DENTAL RECORDS
From
Children's Dental Village

Thank you for completing this request for records and returning via mail, email or fax (see below for info).
All request for record transfers will be processed within seven (7) days of receipt of the request.

Patient Name:_____Date of Birth:_____

Please release copies of the following dental records:

- ☐ Most recent dental records and X-rays forwarded to another provider (see name and address below)
- ☐ Current X-rays only forwarded to another provider (see name and address below)
  - o Panorex with 3 years
  - o Bitewings/Periapical films within one year
- ☐ Records for personal files to include
  - o X-rays ($5 copying fee per panorex or set of films may apply)
  - o Dental Records
  - o Billing records/ledger history Date range:_____

Please forward the above information to the following:

- ☐ Mailed/Emailed to Provider Name:_____
  Mailing Address or Email:_____
  _____
- ☐ Mailed/Emailed to Home
  Mailing address or Email:_____
  _____
- ☐ Available to be picked up within **seven days** at Children's Dental Village during regular business hours.

Records Requested By:

Printed name of parent/guardian Date

Signature of parent/guardian Relationship

Children's Dental Village
7360 S. McClintock Drive
Tempe, AZ 85283
P: 480-838-6949
F: 480-838-0092
E: Records@childrensdentalvillage.net