

# TRANSFER OF RECORD

**Date**

Month Day Year

---

**Dental Office:**

**Phone Number**

**Fax**

Area Code

Phone Number

Area Code

Phone Number

---

**Name \***

**Authorize Dr.**

First Name

Last Name

First Name

Last Name

---

I, {name} request and authorize Dr. {authorizeDr}, to transfer my dental records to Tansley Woods Dentistry.

**PLEASE INCLUDE THE FOLLOWING (IF AVAILABLE):**

Radiographs taken within the last 3 years.

Treatment notes (especially any major work that has been completed)

**Date**

**Last COE:**

**Last BW's:**

Month Day Year

---

**Date of:**

Month Day Year

**Last PAN:**

**Last Recall:**

**Last New Patient Exam:**