

Please forward this to your previous dentist so that your records/materials can be sent to our office.

Requisition of Dental Radiographs/information

Patient: _____

Current Address: _____

Information Requested: _____

RADIOGRAPHS, PERIO CHARTING, DENTAL RECORDS

Former Dentist: _____

Address: _____

Phone: _____ Fax: _____

Date Last Seen: _____

Florida law requires in general ownership of radiographs exposed in the dental remain with the dentist. The dentist had both legal and ethical responsibility to maintain patient records in a safe reasonable manner, and those records include radiographs.

We stressed the importance of the patient's history and the need to eliminate unnecessary radiographic exposures if recent films are available. With this in mind, the dentist and staff may be called upon to transfer radiographs to another dentist to share original films. This allows the dental office to maintain control and access to the films for future review. Original radiographs will not be given to you. In the event that originals are needed for further evaluation and to prevent unnecessary exposures and to maintain the integrity of your records the dental staff should obtain written permission to release the records and personally coordinate the transfer, preferable by registered or certified return receipt mail.

Patients Signature

Date

Heritage Dental 422 Teague Trail, Lady Lake, FL 32159

Phone (352) 750-4111

Fax (352) 750-1329

Email: info@heritagedentaloffice.com