

HUGUENIN DENTAL
699 Hill Road N.
Pickerington, Ohio 43147
(P) 614-837-1440
(Fax) 614-833-9225

RECORD RELEASE FORM

I, _____ request the release of dental records relevant to dental treatment, or copies of such, and request that they be transferred to:

Reason for transfer? _____

Name of Patient: _____ Date of Birth: _____

Name of Patient: _____ Date of Birth: _____

Name of Patient: _____ Date of Birth: _____

Records being requested:

Current radiographs Dental Health Status Reports

Diagnostic Casts Treatment Record Charts

Health History Prescription Records Photos

Other: _____

Signature of Patient, Parent/Guardian: _____ Date: _____

HUGUENIN FAMILY
DENTAL

Chad Huguenin, D.D.S.