

PATIENT RECORDS RELEASE AUTHORIZATION

When a patient moves or, for other reasons, there is a necessity to change orthodontists during the course of ongoing orthodontic treatment, it is highly advantageous for all involved parties that the transfer be as prompt and convenient as possible. It is of paramount importance to identify an orthodontist who will accept the patient and successfully complete the treatment.

The American Association of Orthodontics represents over ninety percent of the orthodontic specialists in the U.S. and Canada. Your current doctor is a member, and will assist you in finding a qualified orthodontist. It is necessary that your records be transferred to assure that the receiving orthodontist is knowledgeable of your orthodontic condition(s), orthodontic treatment goals, the current treatment plan, and related financial arrangements. To facilitate the transfer of these records, it is necessary that you complete the following:

I AUTHORIZE Dr. Stephen Guelff, DMD to release all records of _____
PATIENT NAME

Signature of Parent or Guardian

Print Name

Relationship to Patient

INFORMATION

Date Moving: _____ Last Appt. at our Office _____

New Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

New Address: _____

New Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Records to be Duplicated: Pano _____ Ceph _____ Photos _____ Models _____ Tracing _____

Send Records to: Patient _____ Parent _____ Referring Doctor _____ Date Sent _____

Give Records to: Patient _____ Parent _____

COMMENTS:

