



# WELLESLEY FAMILY DENTAL

## REQUEST FOR RELEASE OF DENTAL RECORDS

I, \_\_\_\_\_, hereby authorize the release of my/my family's dental records to my new dental provider, Dr. Moskowitz-Porath at **Wellesley Family Dental**. I am requesting my chart records and x-rays pertaining to my dental health be e-mailed to their office promptly. I am requesting my FMX (all 16 individual images), PANO *& OR* BW be emailed to them at [smile@wellesleyfamilydental.com](mailto:smile@wellesleyfamilydental.com).

My DOB is \_\_\_\_\_

In addition to myself, I am requesting the release of following member(s) of my family:

Name | \_\_\_\_\_

DOB | \_\_\_\_\_

Name | \_\_\_\_\_

DOB | \_\_\_\_\_

Name | \_\_\_\_\_

DOB | \_\_\_\_\_

Please provide us as much information as possible so that we may contact your prior dentist for your records:

Prior Dentist/Practice Name: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Prior Telephone: \_\_\_\_\_

Prior Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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