



Patient Authorization for Release of Records

Upon relocating to a new orthodontist it is beneficial for all parties involved that the patient records be transferred as soon as conveniently possible. It is necessary that the patient's records be transferred to assure the new orthodontist is knowledgeable of his/her current condition, treatment plan, notable concerns, and financial arrangements. In order to facilitate this process, it is necessary for the responsible party to complete the following:

I authorize _____ to release
(Orthodontist's Name)

all records of _____
(Patient's Name)

for the purpose of continuing orthodontic treatment by another orthodontist.

Signature of Patient or Responsible Party

Date

Printed Name of Responsible Party

Relationship to Patient