

REQUEST FOR TRANSFER/RELEASE OF ORTHODONTIC RECORDS

Check and initial all that apply

↑ I request that all available information pertinent to the orthodontic treatment of _____ provided by Dr. Ronald Kolodziej be ***duplicated*** and delivered directly to the following person(s).

DELIVER TO _____

initials: _____

↑ I request that all ***original*** orthodontic records pertinent to the orthodontic treatment of _____ provided by Dr. Ronald Kolodziej be delivered directly to the following person(s). I understand that no file or record of treatment will be maintained by Dr. Kolodziej subsequent to the date of delivery, and that future requests for records cannot be fulfilled.

DELIVER TO _____

initials: _____

Signature of party requesting records (if patient is currently a minor) _____ Date

Signature of patient requesting records (if patient is of legal age) _____ Date

Approved by _____
Signature of Dr. Kolodziej Signature of witness

Records mailed on _____ by _____

Records given to _____ by _____ on _____

Records delivered include: _____ Plaster model set(s) _____ Panogram(s)
(note quantity) _____ Progress notes _____ Cephalogram(s)
_____ Photo set(s)
_____ Other: _____

NOTES: